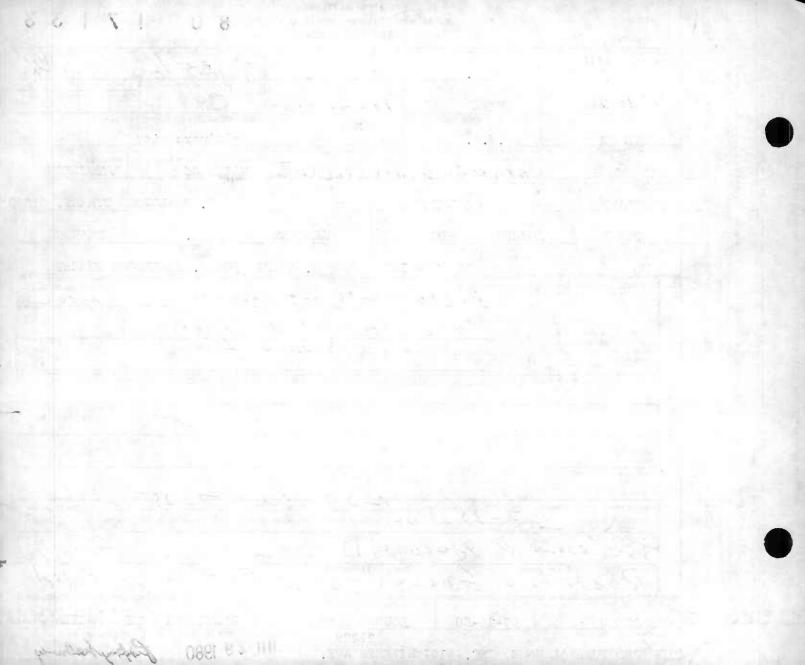
Company of the Compan whether many both of 1980 finish palmety



6	1	FOR - STATE REGISTRAR		DEPARTA	AENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	71	3 4
page 3 death		ECEASED NAME VICTO	RIA	Anna	A	NO LPH	20 DATE OF DEATH MONTH	25 80	3 PM
age 4 ma	3 5	Female	4 RACE Wh:	ite	S DATE C	F BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) 77 YRS		HOURS MIN
deam.		IRTHPLACE ISTATE ORFOREIGN COUNTRY Md.	16 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	MD
by the feed within	10 (Baltimor	11. NAME OF	CH FACILITY, GIVE STREET	G HOME C	R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L Ret. Accountant	IFE) INDUSTRY	BUSINESS OR Telephon
filled in I	USU 130	JAL RESIDENCE (IF NURSING HOME O STATE 136 COU		n, give residence before 13c. CITY OR TOWN Balto		134 INSIDE CITY LIMITS?	13. STREET ADDRESS 5401 Morello 1	Rd.	
ppletely d 2 sho	14 F	ATHER'S NAME FIRST Geoige	MIDDLE J.	Lochner		15 MOTHER'S MAIDEN NA First Margaret	ME MIDDLE	Kispert	- 11
an and com Pages 1 and t, the medi	160	WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? (E WAR OR DATES)	212-05-14		Benjamin W.	Adolph, 5401 Mod	rello Rd.	in.
s been signed by the att iit. Then please remove prior to burial, cremati ws any injury, or other	ATION		CONDITIONS C		DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GI	VEN IN PART 1(a)	GS USED
n. Sate ha t perm (grene 18 sho	CERTIFICAT	71a ACCIDENT WAS UNDERLYING		OF INJURY			IN CERT	FYING CAUSES C	
tending physicia After this certific the burial-transi the burial-transi and Mental Hy narked or Item	MEDICAL C	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK	ATH HOUR A) P	C.M. MONTH DA	19	2H LOCATION	CITY OR TOWN	COUNTY	STATE
by the hospital of at ERAL OIRECTOR:. gedetached for use as State Oept. of Healt ANT: If Item 21 is r		22a. I certify that (1) this hasp saw the deceased alive or above. (1) (we) (did no 22b. SIGNATURE	A A	11	7.4	DEGREE ATTENDING PHYSICIAN	death occurred on the date and ha		
TO FUNERAL Should be deta with the State IMPORTANT:		224 PHYSICIAN'S NAME (TYPE O	B.	Bell		350 / ST	I Poul ST. HI	44	
SP	23a	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	7-29-			emetery or crematory oly Redeemer	23d LOCATION CITY OR TOWN Balto Md	COUNTY	STATE
DHMH-16 25M VRA 15 4) 1/79	24 1	UNERAL DIRECTOR	Inc.			25e. DAT	E REC'D. BY REGISTRAR 25b. Recons	My Mel	Mody

PRINCIPLE OF BOOK DATE OF CHANGE OF THE DECEMBER 1999 IN PROJECT STAND the state of the second state of the sample state of the second st 8 0 1 7 1 3 8 - Levent Agrello St. Tosa Wyoson de Sorianie

1				STATE OF MARYLAND			
15	1.	FOR STATE	DEPA	RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	IYGIENE 8 0	171	3 6
	1 DE	REGISTRAR CEASED NAME FRST	MIDDLE	LAST	REG. N		at HOUR
		OR PRINTI		Danse	20 DATE OF DEATH	7 3180	26 HOUR
1	3. SE		SON 14 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT		IF UNDER 24 HR
	\$. SE	male	T KACE	MONTH DAY YEAR	- 1	MONTHS DAYS	HOURS MIN
/	7a D	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	6 9 29	5/	YRS. OR COUNTY OF DEATH	
77		OUNTRY)	//C D	MARRIED NEVER MARRIED		d &	
4	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NUR	SING HOME OR OTHER INSTITUTION	126 USUAL OCCUPATI	ION 126 KIND OF	F BUSINESS C
d		Balt	(IF NOT IN SUCH FACILITY, GIVE STE	EET ADDRESS)	(TYPE ON WORK FOR MOST O	OF WORKING LIFE) INDUSTRY	1 003111033 0
*	USU	AL RESIDENCE UE NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BE		Theren		1
5	13 _R	STATE LAM / 136 COL	UNITY 13c CITY OR TO	DWN 134 INSIDE CITY LIMITS	? ISR STREET ADDRESS	1. 11 11	,
7	IA E	ATHER'S NAME	Bal	YES NO I	1/30 //./	repaire st	
	14. F/	FIRST	MIDDLE	/ FIRST	WIDDLE	LAST	260
20	16.	VAS DECEASED EVER IN U.S. A	/-	CURITY NO 17 INFORMANT	ADDRI	Ess Bel	Low
1			NE WAR OR DATES)	2000	•	class a sel	
		- CU	K20-6	0-3131 Hay Bru	May 1155	Il Caldace	~ st
		IN CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	anly ane cause per line for (a), (b),	and ignored to the	73-1	BETWEEN	MATE INTERVAL DISET AND DEA
			ATE CAUSE (o)	PATIENT AFFES	ica on a	ymy	
		1873	DUE TO, OR AS A CONSE	DUENCE OF	1. 1		
		Canditions, if any, which gave rise to immediate	(b)	TO HOSPI	12/		
		couse (a), stating the	DUE TO, OR AS A CONSE	DUENCE OF	1 / 40		
			((c) MIM	ary alsease uver	1/2/ SQUAM		
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO THE TE	and want .	IDITION GIVEN IN PART 10) 1
	호	Cell	CAR CINOMA		METALASE S	>	
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY?	200. IF YES, WERE FINDIN	OF DEATH?
	F				YES NO	YES 🗌	но 🗌
1	_	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		DAY YEAR	CURRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)	
	Ž	(IF EITHER, NOTIFY MEDICAL EXAMINE	P.M.	19			
	MEDICAL	214 INJURY OCCURRED	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.) 211 LOCATION STREET	CITY OR TO	WH COUNTY	STATE
		AT WORK NOT WHILE AT WORK				1	
			pital) attended the deceased fra		19.10	1 97	that (I) (we) I
		saw the deceased alive a above_(l) (we) (did) (did)	nat) view the bary after death.	and that in (my) (aur) apini	ion death accurred on the d	ate and haur and from the c	causes stated
		17h SICHATURE	019	DEGREE		The DATE:	SIGNED
	1	Mer 1	reado 1	ATTENDING PHYSICIAN		CIAND O/ 2	180
		THE PHYSICIANS NAME (TYPE	OR PRINT)	22. ADDRESS	- t /	11	
1		KAY BI	rodie Jy. Mi	W. VIVIV	OFMA	HOSP.	
	23e.	SURIAL CHEMATION, REMOVA	AL 23h. DATE 2	NAME OF CEMETERY OR CREMATOR	RY 23d. LOCATION	COUNTY	MINIE
		DUPA	8-4-80	The CALVARU	DA/TO.		Md.
1	24 F	UNERAL DIRECTOR	ADDRESS	25%	DATE REC'D. BY REGISTRAN	25h. REOMTRAR'S SIGNAT	Pi-le
	1/	, NAME ! 1 K	ADDRESS	11 411 11 -1 11	HIGO DAN	Bright all Land	-

by parent meeted on way LEHROH OT Brown docum Witheral Spermens CEIL CAR SUREMA with best metalthe 5 08 11/L St -12/28 SELL Red Goods IV M.O. UNIN OF ME HER IL & right find of the

	1					STAT	OF MARYLAND					
- statement	1.	FOR STATE REGISTRAR				CERTIF	EALTH AND MENTAL		REC	. NO.	7	137
3 7	1 DE	CEASED NAME	FIRST		MIDDLE		AST	20	DATE OF DEAT	H MONTH D	DAY YEAR	2b. HOUR
CA			REBECC	Δ	LYNN	Δ	RERT		III Y OL	1980		06.304
(MOV)	3 SE	Х	4 R/	ACE		5 DATE C		6. A	GE (IN YEARS LAS	SHITHDAY)	IF UNDER I YEAR	
once		MALE		WHIT	8	5	29 1980			YRS.	1 7	
at	7e. B	RTHPLACE ISTATE OR FOI	REIGN 75 C	ITIZEN OF	WHAT COUNTRY	? MARRIE	D NEVER MARRIED	(X) 7 B	ALTIMORE CIT	Y OR COUNTY	OF DEATH	
<u>ا</u> ع		arvland		USA		WIDOWE		_	ALTIMO	RF CL	[Y	M
0	10 C	ITY OR TOWN OF DEAT			HOSPITAL, NURS		OR OTHER INSTITUTION		USUAL OCCUP	ATION STOF WORKING LIFE		OF BUSINESS OF
£33	B	altimore					HOSPITAL		UNTE:	31 OF 11 ORK # 40 (#)	NON	
W.	USU	AL RESIDENCE LIENURSE	NG HOME OF OTHE	R INSTITUTION		RE ADMISSION)	134 INSIDE CITY LIMIT	es lus	STREET ADDRE			
135		arvland	Harfor	d	Havre d	_	YES NO K			ns Road		
	_	THER'S NAME				0 0200	15 MOTHER'S MAIDEN					
375	1 2	rilev	MIDDIN		LAST	Yes	FIRST		MIDDI	-	drich	AST
-	_	VAS DECEASED EVER II	Nelso		Albert.	URITYNO	Beverly 17 INFORMANT		AD	DRESGrace	OFTCH	07079
the D			(IF YES, GIVE WAR	OR DATES)	MONTH		D 12 31 .		- 0	Grace	, Ma.	ST010
X	N				NONE		Dailey N.A	Lberi	intrada	9 Honki	ns Kd.	Havre (
1		PART I. DEATH WA	S CAUSED BY	ne couse per	/1	1	1.		1	7	BETWEEN	N ONSET AND DEATH
atic			MMEDIATE CA	AUSE (a)	(ava	(100	4 monor	× /	MICE			
aur.		7855		DUE TO O	R AS A CONSECU	UENCE OF	/					
rtr		Conditions, if ony,	which	(6)	Del	Vuat	200				March 1	
the		gave rise to imm		(D)	4111							
D TO		couse (a), stating underlying cause	lost	DUE TO, O	RAS A CONSEO	UENCE OF	0 1 - 1	The	/_			
100				(c)	1100	ble	3. 11110	J /				
injur.	z	PART 2 OTHER SIGN	IFICANT CON	DITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMINAL	DISEASE OR C	ONDITION GIV	EN IN PART I	llai
À	CERTIFICATION	Multip	04 (onsp	21/2/		m=/105			Last te use	111555 51115	
	Š	190 DATE OF OPERAT	ION	1% COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	1	0a AUTOPSY?		, WERE FIND YING CAUSE	ES OF DEATH?
] 🚆								ES NO		s 🗌	NO 🗆
E 4	8	21a. ACCIDENT WAS UNDE		216. TIME C		DAY YEAR	216 HOW INJURY OC	CURRED	(ENTER NATURE OF	NJURY IN ITEM 18, PA	ART 1 OR PART 2)	
U	3	OR CONTRIBUTING C			.M.	19						
	MEDICAL	21d. INJURY OCCURRI		21e PLACE	OF INJURY		211 LOCATION					
-	₹	WHILE NOT WHI	LE 🗆	(AT HOME, ST	REET, FACTORY, OFFICE	, FARM, ETC.	SIMEEL		CITY OF	TOWN	COUNTY	STATE
				- 00 0 0 0		Tul	3 10 2	+01	. Ju	647	10 50	that (I) (we) los
		22a I certify that (I) (sow the decease		I sa la	te deceased from	Cra	nd that in (my) (Dur) Dpi	ninn dans	no accuraced on the	/	1	,
Ea .		above, (I) (we) (di	d) (did nat) vie		after death.	. 00	ia mai in (my) (bui) bpi	mon deorr	n occurred on th	e date and nou	and from th	le couses stated
		226 SIGNATURE	. /-	7 /			DEGREE78				22c. DAT	TE SIGNED
	3	1 ner	7 1-	ter h	02	p	ATTENDIN PHYSICIA		RECTOR PH	STAFF	- 1/	14/80
0	1	224. PHYSICIAN'S NA	ME (TYPE OR PRIN	47)			22e ADDRESS		erok	0,0,0		110
1		5 - 10	00 t	By	6:34		IM	11				
		Evn	1					· · ·	21.100.220			
	23a.	BURIAL, CREMATION, F SPECIFY]	EMOVAL 23	3b. DATE	230	NAME OF C	EMETERY OR CREMATO	ORY 2	236 LOCATION CITY OR TOWN		COUNTY	STATE
_	1	Burial		5 Jul	v 1980 A	ngel H	ill Cemeter			Grace		
25M	4	UNERAL DIRECTOR			ADDRESS		Control of the Control	DATE REC	C'D. BY REGISTI	AR 256. REGIST	RAR'S SIGN	ATURE
1/79	T	arring Fune	eral H	me, P.	A., Aberd	een, Md	. 21001	1119	1000	0.		
				90"			190	-				

772 WM (3) 3.0 - --1111 Last . e • . 03/13 The same was a little of the same will be same and same

Surial 7/18/1980 darvland Hatl. ht. Purlis Morthage Herbert E. meter-2005 E. Morthage JUL 1 Will E. Arrows See

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

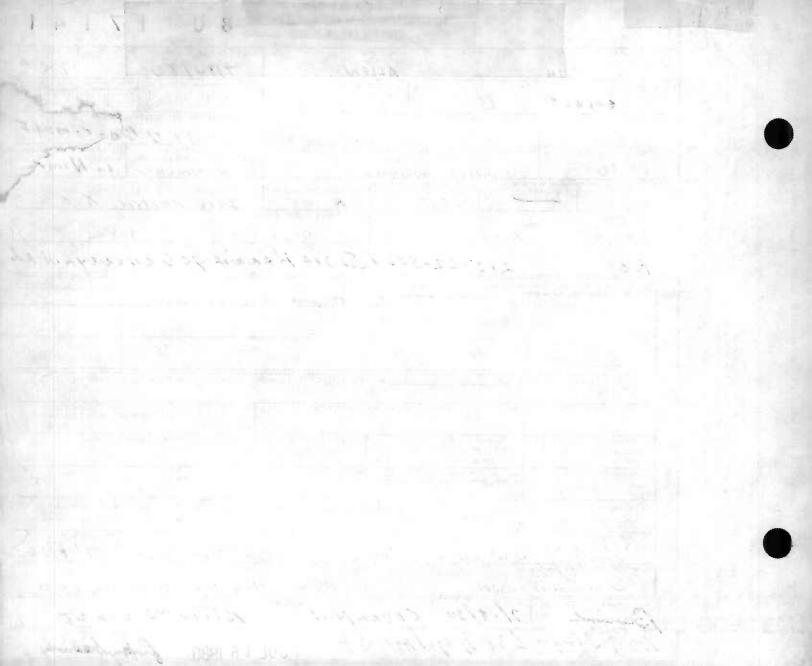
- STATE

The State of the S

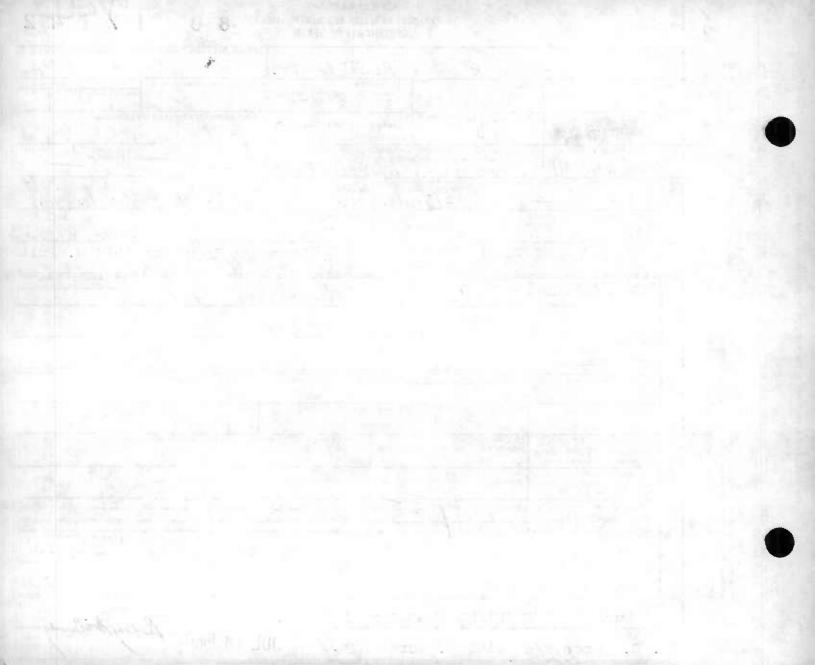
	1 m S	TATE				ARTMENT OF				- 34	11				63	- 1.1
	F	EGISTRAR				AL EXAMIN			ATE OF I	DEAT	1 0	REG. NO.				
		EASED NAM	E FIRST		MIDI	DLE	LA	ST	2012.00	20.	DATE KNO	M NWC	MONIH			2Б. Н
			M	OSES			ALL	EN '	JR.		DEATH MA	TED	7	9 198	30	
3.	SEX	ale	4 RACE black	5. DATE OF MONTH	DAY Y	6. AGE (IN YEAR LAST BIRTHDA	RS IF UND	ER I YR.	HOURS MI		DATE	D	MONTH	DAY		28:
7		THPLACE (S			OF WHAT C		S.			0.6	DEAD	E CITY OF	COUNTY		80	
	FOR	EIGN COUNTRY)	N.C.		USA	.OONIKT;	WIDOWED		R MARRIED DIVORCED	L.	Balti			OFBEA		
10		YORTOWN Baltim		11. NAME (IF NOT II	OF HOSPITAL N SUCH FACILITY, 05 E.	, NURSING HOME GIVE STREET ADDRESS) 33rd Street	OR OTHER	INSTITUTIO	ON 120	USUAL	OCCUPATI OF WORKING	ON (TYPE C		2b. KIND (OR IN	OF BUSI	
	SUAI		(IF IN NURSING HOME		13с.	DENCE BEFORE ADMISSION CITY OR TOWN	13	d INSIDE CITY	LIMITS? 13e	STREET 180	ADDRESS	33r	d. S	s+		
14	4. FA	THER'S NAMI	E						'S MAIDEN N				u. L			
		Mos	es	MIDDLE	7	llen	Sr.	FIRS	rance	es	MIDDLE		T.	Veld	on	
16	60. W		DEVER IN U.S. AF	RMED FORCE	S? 16b	SOCIAL SECURITY		. INFORMA			A	DDRESS		·cia	<u></u>	
	(12:	No.	OWN) (IF YES, GIVE	E WAR OR DATES		220-20-4	843 1	Blanc	the A	ller	180	5 E.	33r	. b	St.	
F		18. CAUSE C	F DE ATH (Enter o	nly ane couse							200		0.01		XIMATE IN	
L		PARTIDE	ATH WAS CAUSE	ED BY: ATE CAUSE (o	Cir	rhosis of	live	r						BELWEEN	ONSETA	IND
		57	15			CONSEQUENCE			1		11.14					1
			ns, if any, which		,									794		
		cause (a	se to immediate) stating the <u>under</u>			CONSEQUENCE)F			713						
		lying cou	use lost.			53 T X T								100		
				1 10	1											
		PART 2 OTNER SI	IGNIFICANT CONDITIONS	(c S CONTRIBUTING 1	TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE DI	R CONDITION G	GIVEN IN PART 1	(o).						
		PART 2 OTNER SI	IGNIFICANT CONDITIONS	(c S CONTRIBUTING) TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE DI	R CONDITION G	GIVEN IN PART 1	(0).						
-			GNIFICANT CONDITIONS			T RELATED TO THE TERMI				(o).				20. AUTO	OPSY?	
										(o).						NO
	CERTIFICATION	190. DATE OF	OPERATION AL CAUSE WAS	19b.	CONDITION	FOR WHICH OPER	ATION WAS	PERFORM			IRE OF INJURY I	IN ITEM 18 PA	RT 1 OR PART	YES		NC
	CERTIFICATION	190. DATE OF	AL CAUSE WAS	19b. 21b. HO	CONDITION TIME OF INJU	FOR WHICH OPER. JRY NTH DAY YEAR	ATION WAS	PERFORM	ED?		re of injury i	IN ITEM 18 PA	RT 1 OR PART	YES		NO
	CERTIFICATION	190. DATE OF	OPERATION AL CAUSE WAS OR NG CAUSE OF	21b. HO DEATH	TIME OF INJUIR A.M. MO P.M. PLACE OF IN	FOR WHICH OPER. JIRY NTH DAY YEAR 19 JURY (AT HOME.	21c. HOW	PERFORMI VINJURY O	ED?		RE OF INJURY I	N ITEM 18 PA	.RT 1 ○R PART	YES		NO
	EDICAL CERTIFICATION	190. DATE OF 210. EXTERNA UNDERLYING CONTRIBUTI 21d. INJURY (AL CAUSE WAS OR NG CAUSE OF	21b. HO DEATH	CONDITION TIME OF INJU UR A.M. MO P.M.	FOR WHICH OPER. JIRY NTH DAY YEAR 19 JURY (AT HOME.	21c. HOW	PERFORMI VINJURY O	ED?	ENTER NATU	RE OF INJURY I	IN ITEM 18 PA	RT 1 OR PART	YES		
	EDICAL CERTIFICATION	210. EXTERNA UNDERLYING CONTRIBUTI 21d. INJURY (WHILE AT WORK	AL CAUSE WAS AL CAUSE WAS OR NG CAUSE OF DOCUMENT AT WORK	21b. HO DEATH 21e	CONDITION TIME OF INJU UR A.M. MO P.M. PLACE OF IN. REET, FACTORY, F	FOR WHICH OPER. JRY NTH DAY YEAR 19 JURY (AT HOME, ARM, ETC.)	21c. HOW 21f. LOCA STRE	PERFORMI VINJURY O	ED?	ENTER NATU	TY OR TOWN	IN ITEM 18 PA		YES		
	EDICAL CERTIFICATION	210. EXTERNA UNDERLYING CONTRIBUTI 21d. INJURY C WHILE AT WORK 220. 1 certi	AL CAUSE WAS G OR NG CAUSE OF DOCCURRED NOT WHILE AT WORK fy that I took char-	21b. HO DEATH 21e	CONDITION TIME OF INJU UR A.M. MO P.M. PLACE OF IN. REET, FACTORY, F	FOR WHICH OPER. JRY NTH DAY YEAR 19 JURY (AT HOME. ARM, ETC.)	21t, HOW	PERFORMI VINJURY O	ED?	CI	TY OR TOWN], _ ond		YES 2)		
	EDICAL CERTIFICATION	210. EXTERNA UNDERLYING CONTRIBUTI 21d. INJURY (WHILE AT WORK	AL CAUSE WAS G OR NG CAUSE OF DOCCURRED NOT WHILE AT WORK fy that I took char-	21b. HO DEATH 21e	CONDITION TIME OF INJU UR A.M. MO P.M. PLACE OF IN. REET, FACTORY, F	FOR WHICH OPER. JRY NTH DAY YEAR 19 JURY (AT HOME. ARM, ETC.)	21c. HOW 21f. LOCA STRE	PERFORMI VINJURY O	ED?	CI	TY OR TOWN], _ ond	COUM	YES 2)		
	EDICAL CERTIFICATION	21a. EXTERNA UNDERLYING CONTRIBUTI 21d. INJURY (WHILE AT WORK 22a. 1 certi death result	AL CAUSE WAS G OR NG CAUSE OF DOCCURRED NOT WHILE AT WORK fy that I took char-	21b. HO DEATH 21e ST	CONDITION TIME OF INJU TIME OF INJU TIME OF INJU PLACE OF IN REET, FACTORY, F.	FOR WHICH OPER. JRY NTH DAY YEAR 19 JURY (AT HOME. ARM, ETC.)	21f. LOCA STRE	PERFORMI VINJURY O	Inspection CCUFY)	CI Jndeterm	TY OR TOWN	, and	cour in my opii	YES 2)		
	MEDICAL CERTIFICATION	210. EXTERNA UNDERLYING CONTRIBUTI 21d. INJURY C WHILE AT WORK 220. 1 certi	AL CAUSE WAS G OR NG CAUSE OF DOCCURRED NOT WHILE AT WORK fy that I took char-	21b. HO DEATH 21e ST	CONDITION TIME OF INJU TIME OF INJU TIME OF INJU PLACE OF IN REET, FACTORY, F.	FOR WHICH OPER. JRY NTH DAY YEAR 19 JURY (AT HOME. ARM, ETC.)	21f. LOCA STRE	PERFORMI VINJURY O	ED?	CI Jndeterm	TY OR TOWN	, and	COUM	YES 2)		
	MEDICAL CERTIFICATION	210. EXTERNA UNDERLYING CONTRIBUTI 21d. INJURY (WHILE AT WORK 220. 1 certi death result	AL CAUSE WAS AL CAUSE WAS AL CAUSE OF OCCURRED NOT WHILE AT WORK Ty that I took char ed from: NAME	19b. 21b. HO DEATH 21e ST orge of the rem	CONDITION TIME OF INJU UR A.M. MO P.M. PLACE OF IN REET, FACTORY, F. oins described	FOR WHICH OPER. JRY NTH DAY YEAR 19 JURY (AT HOME. ARM, ETC.)	21f. LOCA STRE Autopsy cide	PERFORMI VINJURY O	Inspection CCUFY)	CI , I Jndeterm	inquiry 1 ined monne], and	in my opii	YES 2)	(X)	NO s
?	MEDICAL CERTIFICATION	210. EXTERNA UNDERLYING CONTRIBUTI 21d. INJURY (WHILE AT WORK 220. 1 certi death result ACTUAL SIGNATURE, EXAMINER'S (TYPE OR PRI	AL CAUSE WAS AL CAUSE WAS AL CAUSE OF OCCURRED NOT WHILE AT WORK Ty that I took char ed from: NAME	DEATH 21b. HO DEATH 21c. ST rge of the rem ural causes argari	TIME OF INJUR A.M. MO P.M. PLACE OF IN. REET, FACTORY, F. oins describe. Acci	FOR WHICH OPER. JRY NTH DAY YEAR 19 JURY (AT HOME. ARM, ETC.) d obove, held on dent \(\begin{array}{c} \), Sui	21f. LOCA STRE Autopsy cide M.D.	TION Homicid TITLE (SPE	Inspection Collection	CI , I Jndeterm	inquiry ined monne], and	in my opii	YES 2)	(X)	s

ar general (nest all and the committee of

REGISTAR DECEASED NAME 1885	1	1.	FOR STATE	DEPAR	STATE OF MARYLAND IMENT OF HEALTH AND MENTAL HYG	IENE 8 0	1714
CONTRIBUTION STATE	0		REGISTRAR				
3. SEX RACE S. DATE OF BIRTH A. AGE (INTERS LAST SERVICIAL) S. DATE OF BIRTH DAT	7			MIDDLE	LAST	1	
13. SERTHPLACE STATE ORFORESON 78. CITIZEN OF WHAT COUNTRY? 18. MARRIED NEVER MARRIED NOWED DIVORCED 128. USUAL OCCUPATION 129. MOUNT OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 128. USUAL OCCUPATION 129. MOUNT	1		RUTH				/:
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 112 KEND OF BUSINES 113 KEND OF BUSINES 114 KEND OF BUSINES 115 KEND OF BUSINES	(1)	3. SEX	F		MONTH DAY YEAR		
MARRIED NEVER MARRIED ON SEVER MARRIED ON COUNTY BOLL TO WIDOWAS DECIDION OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12. USUAL OCCUPATION 13. CITY OR TOWN OF DEATH 13. COUNTY HOSPITAL 13. STATE 13. COUNTY HOSPITAL 13. STATE 13. COUNTY HOSPITAL 13. COUNTY HOSPITAL 13. MOTHER'S MADE IN STATE 13. COUNTY HOSPITAL 13. STREET ADDRESS 13. COUNTY HOSPITAL 14. COUNTY HOSPITAL 15. COUNTY HOSPITAL 15. COUNTY HOSPITAL 1	38	2 01		_			
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (17 FOR IN SUCH PACIFIC, ONE STREET ADDRESS) 12. CITY OR TOWN OF DEATH (17 FOR IN SUCH PACIFIC, ONE STREET ADDRESS) 13. CITY OR TOWN OF DEATH (17 FOR IN SUCH PACIFIC, ONE STREET ADDRESS) 13. CITY OR TOWN OF DEATH (17 FOR IN SUCH PACIFIC, ONE STREET ADDRESS) 13. CITY OR TOWN 14. CALCEL AND CONTRIBUTION 15. CITY OR TOWN 15. CITY	37		UNTRY)		MARRIED WEVER MARRIED	CITY	M BALLIMER
USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, ONE RESORTED REFORE ADMISSION) 138 STATE 138 STATE 139 STATE 130 COUNTY 131 INSIDE CITY LIMITS? 130 STREET ADDRESS 131 INSIDE CITY LIMITS? 130 STREET ADDRESS 131 INSIDE CITY LIMITS? 130 STREET ADDRESS 130 STREET ADDRESS 130 STREET ADDRESS 130 STREET ADDRESS 131 INSIDE CITY LIMITS? 130 STREET ADDRESS 131 INSIDE CITY LIMITS? 130 STREET ADDRESS 131 INSIDE CITY LIMITS? 132 INSIDE CITY LIMITS? 133 STREET ADDRESS 134 INSIDE CITY LIMITS? 136 STREET ADDRESS 137 INSIDE CITY LIMITS? 138 STREET ADDRESS 130 INSIDE CITY LIMITS? 130 STREET ADDRESS 131 INSIDE CITY LIMITS? 130	00	10 CI		11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATIO	IZE KIND OF BUSINESS
USUAL RESIDENCE (# MURSING MANE COUNTY 136 COUNTY 136 COUNTY 137 COUNTY 136 C	ag /		BALTO				
The part of the	Em			OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	DRE ADMISSION)		
THE THE MADRIE LAST PROSE MODE TO PROSE	(10)	.50	4 .	-			OSIXN AVE
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 186 SOCIAL SECURITY NO 17 INFORMANT ADDRESS APPOXIMATE INTER	exa	14 FA		MIDDLE LAST		WE	LAST
Temperation	dical (,	A .			
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).		16a W	AS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEG	EURITY NO 17 INFORMANT	ADDRE	SS 1
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).	th /	(1	# / /	2/5-22-	5064 DADIE HA	nnis go	UKHENNYHIII
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH YES NO DIVENTED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH YES NO DIVENTED TO THE TERMINAL DISEASE OR CONDITIONS USED IN CERTIFY ING CAUSES OF DEATH YES NO DIVENTED TO THE TERMINAL DISEASE OR CONDITIONS USED TO THE TE	en t,		IN CALISE OF DEATH STATE	rely one cours on line for (a) (b)			APPROXIMATE INTERV
TO THE OF OPERATION IN COUNTY STATES. The control of the condition for which operation was performed 200 autopsy? 200 if yes, were findings used in certifying causes of death yes No Yes	ry, or ot	-	cause (a), stating the underlying cause last	(c)			
OR CONTRIBUTING CAUSE OF DEATH FOUR A.M. TO THE DATE OF THE CONTRIBUTION OF THE CONTRI	uju A	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR COND	DITION GIVEN IN PART I(a)
OR CONTRIBUTING CAUSE OF DEATH FOUR A.M. TO THE DATE OF THE CONTRIBUTION OF THE CONTRI	ws an	ATK	190 DATE OF OPERATION	196 CONDITION FOR WHIC	TH OPERATION WAS PERFORMED	200 AUTOPSY?	200. IF YES, WERE FINDINGS USED
OR CONTRIBUTING CAUSE OF DEATH FOUR A.M. TO THE DATE OF THE CONTRIBUTION OF THE CONTRI		IEC				YES NO	
OR CONTRIBUTING CAUSE OF DEATH FOUR A.M. TO THE DATE OF THE CONTRIBUTION OF THE CONTRI	18 T	CER		LIGUE A M. MONITH		RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)
216. INJURY OCCURRED 218. PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.] 211. LOCATION STREET CITY OR TOWN COUNTY STA	or Ite	3		EAIR			
	≥ =	EDIC		21e PLACE OF INJURY		CITY OF TOW	N COUNTY STAT
	nark	2	WHILE ONOT WHILE O	(AT TIOME, STALET, FACTORT, OFFIC	5,7,700, 575.		
		1	saw the deceased alive a	on 7/19 19	80 , and that in (my) (aur) opinion	death occurred on the do	ite and haur and from the causes sta
saw the deceased alive an 1980, and that in (my) (aur) opinion death occurred an the date and hour and from the causes sta	n 2.		chough (I) (ma) (did) (did) -				22c DATE SIGNED
saw the deceased alive an	Item 2		abave, (1) (we) (did) (did r	1	DEGREE		
above, (I) (we) (did) (did nat) view the bady after death. DECREE ATTENDING MEDICAL STAFF	T: If Item 2		abave, (1) (we) (did) (did r	Menleren	ATTENDING .		F - 7/1/1/8
abave, (I) (we) (did) (did not) view the body after death. DECREE ATTENDING MEDICAL STAFF	ANT: If Item 21		abave, (1) (we) (did) (did r	Thenleson	AD ATTENDING PHYSICIAN [F - 7/1/1/8
obove, (I) (we) (did) (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF	ORTANT: If Item 2:		obove, (I) (we) (did) (did r	Thenleson	ATTENDING PHYSICIAN [DIRECTOR PHYSIC	7/11/8
Obove, (1) (we) (did) (did not) view the body after death. The Signature Decrete Attending Medical Staff The Signature Staff	IMPORTANT: If Item 2:		obove (I) (we) (did) (did r 276 SIGNATURE 276 PHYSICIAN'S NAME JIM SCOTT J. HE	Thenluson DERSON	ATTENDING PHYSICIAN [220 ADDRESS MERCY	DIRECTOR PHYSIC	7/11/8
Obove, (h) (we) (did) (did nat) view the bady after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECT	IMPORTANT: If Item 2	23o. E	obove (I) (we) (did) (did r 276 SIGNATURE 276 PHYSICIAN'S NAME JIM SCOTT J. HE	Thenluson DERSON	ATTENDING PHYSICIAN [220 ADDRESS MFRCY C NAME OF CEMETERY OR CREMATORY	DIRECTOR PHYSIC	301 ST PAUL, BALF
obove. (h (we) (did) (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTO	MIN the State Dept. of The 21	L'	ODOVE, (I) (WE) (did) (did to the state of t	Thenluson DERSON	ATTENDING PHYSICIAN [220 ADDRESS MFKCY C NAME OF CEMETERY OR CREMATORY	DIRECTOR PHYSIC	SOI STPAUL, BALFT



n			STATE OF MARYLAND			
//	FOR - STATE REGISTRAR	DEF	CERTIFICATE OF DEATH	GIENE 8 0	17	1 4
1	DECEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR	2b. HOUR
3	TON 4	R.	ALSTON Jr.	7	12 80	4:32
1	SEX	4 RACE	5 DATE OF BIRTH	6. AGE 11N YEARS LAST BIRT		
13/2	MALE	BLACK	3 8 74	6	YRS. DAYS	HOURS
10	BIRTHPLACE (STATE OFFOREIGN COUNTRY)	Th CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF DEATH	
	MD	USA	WIDOWED DIVORCED	1391+1	mones	
9 10	CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY GIVE	URSING HOME OR OTHER INSTITUTION	12R. USUAL OCCUPATION OF OF WORK FOR MOST OF		OF BUSINES:
5	SUAL RESIDENCE (IF NURSING HOME O	University	Of MATYLAND TOSPITAL			
la l	R STATE	NTY 13c. CITY OF	TOWN 4134 INSIDE CITY LIMITS?	134 STREET ADDRESS	AL E. Hay 6	1, Ba
E 14	FATHER'S NAME	- / \A-/	IS MOTHER'S MAIDEN NA	1014	V. FULLOW I	UP M
les of	T m FIRST 4	MIDDLE A LAS	CTOAL LUNGTETTE	MIDDLE	11100	ST
- TA	WAS DECEASED EVER IN U.S. AF	PMED FORCES? THE SOCIAL	SECURITY NO 17 INFORMANT =	- ADDRE	SS.	PKIN
ot, the medical	(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	MINICA	ette Lump	kins 1014	N. Ft
- i =	The course of peach is		- MOOTOF	U RECCO	APPROI	CMATE INTERVA
traumatic event,	PART I. DEATH WAS CAUSE	ED BY	dio- Pulmon	men dre	pect Between	ONSET AND D
on, or re traumat	IMMEDIA	TE CAUSE (a)	, , , , , , , , , , , , , , , , , , , ,	10	131	
trat	Condition if any state	DUE TO, OR AS A CON	sequence of obsta	ruchisw		
or other tra	Canditions, if ony, which gave rise to immediate)	,	1 1	/	100
5 6	couse (a), stating the underlying cause last	DUE TO, OR AS A CON	SEQUENCE OF & Suba	lathic	Spenotis	
burial,	PART 2 OTHER SIGNIFICANT	107	G TO DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART 1	(0)
9 2						
- E >		196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FIND	
prior to	19a DATE OF OPERATION			200 2010131	TIN CERTIFYING CALISES	
shows an	190 DATE OF OPERATION			YES NO	IN CERTIFYING CAUSES	
18 shows	190 DATE OF OPERATION		2); HOW INJURY OCCUR	YES NO	YES 🗌	S OF DEATH
r Item 18 shows an	00.00-110-11-10-1	ATH HOUR A.M. MONTH	H DAY YEAR	YES NO	YES 🗌	S OF DEATH
ed or Item 18 shows an	00.00-110-11-10-1	HOUR A.M. MONTH	19 21f LOCATION	YES NO	YES T	S OF DEATH
rked or Ite	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTHY MEDICAL EXAMINER 214 INJURY OCCURRED	HOUR A.M. MONTH	19 21f LOCATION	YES NO	YES T	NO [
is marked or Ite	00.00-110-11-10-1	ATH HOUR A.M. MONTH P.M. 21s PLACE OF INJURY (AT HOME, STREET, FACTORY, C	19 OFFICE, FARM, ETC.) 21f LOCATION STREET	YES NO	YES T	S OF DEATH
is marked or Itel	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTHEY MEDICAL EXAMINER AT WORK NOTH WHILE AT WORK AT WORK 22a L certify that (1) (this hasp sow the deceased alive or	ATH HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	19 OFFICE, FARM, ETC.) 21f LOCATION STREET	YES NO	YES TRY IN ITEM 18, PART 1 OR PART 2) VN COUNTY	S OF DEATH NO
is marked or Itel	OR CONTRIBUTING CAUSE OF DE (# EITHER, NOTHY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK A TWORK 220 L certify that (1) (this hasp sow the deceased alive or abave, (1) (we) (did) (did not abave, (1) (we) (did) (did) (did not abave, (1) (we) (did)	ATH HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	Tram 5 3 2 0 19 19 19 19 19 19 19 19 19 19 19 19 19	YES NO	YES THE TEM 18, PART I OR PART 2) VN COUNTY 19 80 119 119 119 119 119 119 119 119 119 11	S OF DEATH NO STAT stat (1) (we e couses state
If Item 21 is marked or Itel	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTHEY MEDICAL EXAMINER AT WORK NOTH WHILE AT WORK AT WORK 22a L certify that (1) (this hasp sow the deceased alive or	ATH HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	PEGREE 19 21f LOCATION STREET 19 21f LOCATION STREET 19 21f LOCATION STREET 19 21f LOCATION STREET 19 21f LOCATION STREET	YES NO CITY OR TOWN	YES TRY IN ITEM 18, PART I OR PART 2) VN COUNTY 19 22c DATI	S OF DEATH NO STAI
If Item 21 is marked or Itel	OR CONTRIBUTING CAUSE OF DE OR CONTRIBUTING CAUSE OF DE OF EITHER, NOTEY MEDICAL EXAMINER WHILE NOTWHILE AT WORK AT WORK 220 L certify that (I) (this hasp sow the deceased alive ar above, (I) (we) (did) (did not 22b. SIGNATURE	ATH HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	DEGREE ATTENDING PHYSICIAN 19	YES NO CITY OF TOVE	YES TRY IN ITEM 18, PART I OR PART 2) VN COUNTY 19 22c DATI	S OF DEATH NO STAT
If Item 21 is marked or Itel	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTEY MEDICAL EXAMINER 21d INJURY OCCURRED WHIE AT WORK NOT WHIE AT WORK 22a I certify that (I) (this hasp sow the deceased alive ar abave, (I) (we) (did) (did not 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE)	ATH HOUR A.M. MONTH P.M. 21R PLACE OF INJURY (AT HOME, STREET, FACTORY, C. ital) attended the deceased; but view the bady giter deaph.	PEGREE 19 21f LOCATION STREET 19 21f LOCATION STREET 19 21f LOCATION STREET 19 21f LOCATION STREET 19 21f LOCATION STREET	YES NO CITY OR TOWN	YES TRY IN ITEM 18, PART I OR PART 2) VN COUNTY 19 22c DATI	S OF DEATH NO STAI
MPORTANT: If Item 21 is marked or Itel	OR CONTRIBUTING CAUSE OF DE OF EITHER, NOTEY MEDICAL EXAMINER 21d INJURY OCCURRED WHIE AT WORK NOT WHIE AT WORK 22a I certify that (I) (this hasp sow the deceased alive ar above, (I) (well did) (did not 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OF ACTION 1) THE CONTRIBUTION 1) TH	ATH HOUR A.M. MONTH P.M. 21 R PLACE OF INJURY (AT HOME, STREET, FACTORY, C 21) view the body ofter death A PLEC	PEGREE ATTENDING PHYSICIAN [228 ADDRESS]	YES NO CITY OF TOVE CITY OF TOVE COURSE OF MAJOR COURSE OF MAJOR CITY OF TOVE CITY	YES TRY IN ITEM 18, PART I OR PART 2) VN COUNTY 19 22c DATI	S OF DEATH NO STAT that (1) (we e causes state
MPORTANT: If Item 21 is marked or Itel	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTEY MEDICAL EXAMINER 21d INJURY OCCURRED WHIE AT WORK NOT WHIE AT WORK 22a I certify that (I) (this hasp sow the deceased alive ar abave, (I) (we) (did) (did not 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE)	ATH HOUR A.M. MONTH P.M. 21 R PLACE OF INJURY (AT HOME, STREET, FACTORY, C 21) view the body ofter death A PLEC	DEGREE ATTENDING PHYSICIAN 19	YES NO CITY OR TOWN	YES RY IN ITEM 18, PART I OR PART 2) VN COUNTY 19 22c DATI FF IAN 27	S OF DEATH NO STAT stat (1) (we e couses state



			JIM	TE OF MARYLAND			
	1-	FOR STATE REGISTRAR		HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 0	171	4
10		CEASED NAME FIRST	MIDDLE	LAST	24. DATE OF DEATH	ACHITH DAY YEAR	26 HOUR
- (MA)	,,,,,	Esther	Plarie Finb	erman	7/21/80		4-
UV	3. SE	×	4. RACE 5 DATE MON	OF BIRTH TH DAY YEAR	MAGE INFVENDIGATION		HOURS
29 P. C.		+	1	24 29	3/	r'RS	
neral diin 72 hau	C.	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8 MARR. WIDOW	ED NEVER MARRIED	Baltimore city of Baltin	nore City	
by the furthfiled with		TY OR TOWN OF DEATH	AT. NAME OF HOSPITAL, NURSING HOME (JENOT IN SUCH FACILITY, GIVE STREET ADDRESS) St. Agnes Hospita	or other institution ${f l}$	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWIFE	WORKING LIFE) INDUSTRY	
in 24 havr	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136, COU		13d INSIDE CITY LIMITS?	130 STREET ADDRESS 807 Bi	iddle Road	
tely 2 sho	14. FA	ATHER'S NAME	32011 332111	15 MOTHER'S MAIDEN NA	ME	7	
comple)	Charles	Workinger	Madelin	e Ster	mer	(Md.
= 0		VAS DECEASED EVER IN U.S. A		17 INFORMANT	ADDRE	55	Gler
Pages 1		YES, NO OR UNKNOWN) (IF YES, GIV	220-22-360	6 J.Oscar Am	berman,807	Biddle Rd.,	Burr
not the death certificate by the attending physicia 3se remove carbompapers I, cremation, ar removal.			nly ane cause per line far (a), (b), and (c) ED BY: VIE CAUSE (a Repine tory) DUE TO, OR AS A CONSEQUENCE OF (b) MP to startic d	Arrest	mgs	S M N	
ires that the gned by the in please re burial, creary, or other		underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT BELATED TO THE TERM	UNIAL DISEASE OF CONTE	DITION CIVEN IN DART 1	
equires †	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BO	THO RELATED TO THE TERM	TIMAL DISEASE OR COME	SITION GIVEN IN PART TO	
he law recon. has been t permit. I fene prior t	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATI	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES (GS USED OF DEATH
hysici ficate fransi Hygi Hygi		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI			RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	
trendir tre this the bu and M	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOW	M COUNTY	\$17
Pite pite for of t		saw the deceased alive a obove (1) (we) (did (did n	oital) attended the deceosed from 7/1 n 7/2/ 1980 oil) view the body ofter death.	and that in (my) (aur) apinion	, to		ouses sto
O HOSPITAL OR AT		22b. SIGNATURE		DEGREE	MEDICAL STAF		/ / L
RAL detc	4	J. Jew	7	PHYSICIAN [DIRECTOR PHYSIC		100
4OSPITAL ned by th FUNERAL uld be det o the State ORTANT:		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS			
O HOSPITAL etained by the TO FUNERAL should be det with the State		50FFR 5	LEW15				
7 5 5 5 5 5	23a.	BURIAL, CREMATION, REMOVA (SPECIFY)		CEMETERY OR CREMATORY	23d. LOCATION	COUNTY	STAT
BP		Byrial		artstown Cem.	otewarts	town, York, F	oenna
DHMH - 16 50M 1/76 (VR A 15 (4))	74.5	PRAL DIRECTOR W	STOADDRESS P.A	250 DA	2010	256 REGISTRAR'S SIGNATE	IKE

0881 8 2 101.

Freddyn Yneelf STATE OF STREET OF PRINTERS

a 1-	FOR STATE REGISTRAR	DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL H NINER'S CERTIFICATE O	EDENBU	7 1 4 5
	CEASED NAME FIRST	OTHY	ANDERSON	2a. DATE KNOWN XX MC	7-22- 19 80
3, SE.	emale black	MONTH DAY YEAR LAST B	IN YEARS IF UNDER 1 YR. IF UNDER RIHDAY) MONTHS DAYS HOURS		7-22- 19 80 P
FC	IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED MEVER MARRI WIDOWED DIVORCI	Baltimore C	OUNTY OF DEATH ity
Ba	Itimore	1215 Edmondson A	enue	120. USUAL OCCUPATION (TYPE OF W FOR MOST OF WORKING LIFE)	VORK 12b KIND OF BUSINESS OR INDUSTRY
13a. S	Md 136. COUN	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AD ITY 13c. CITY OR TOV		13. STREET ADDRESS 1215 Ed monso	on Avenue
	ATHER'S NAME FIRST Chard WAS DECEASED EVER IN U.S. AR.	MED FORCES?		N NAME MIDDLE NO. ADDRESS	Johnson
(1	(IF YES, GIVE	was or dates) ly one couse perhips to (a) the one to by one to by the couse perhips to condition to couse perhips to couse p	-1165 James L	ee 610 Wilde	wood PK wy
NO	Conditions, if any, which gave rise to immediate couse (a) stating the <u>underlying couse lost.</u> PART 2 OTHER SIGNIFICANT CONDITIONS	(b) DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c) CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	ICE OF	II 1 (a).	
FICATIO	190. DATE OF OPERATION	19b. CONDITION FOR WHICH (PERATION WAS PERFORMED?		20 AUTOPSY?
MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME OF INJURY HOUR A.M. MONTH DAY DEATH P.M.	/EAR	O TENTER NATURE OF INJURY IN ITEM 18 PART)	
MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOA STREET, FACTORY, FARM, ETC.)	E, 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	death resulted fram: Natural ACTUAL SIGNATURE	e of the remains described above, held ral causes XX Accident ,	Suicide Homicide TITLE (SPECIFY) M.D. Assistant	Undetermined manner , MEDICAL EXAMINER S	DATE 7-23-80
23a. B	EXAMINER'S NAME Mar (TYPE OR PRINT) URIAL, CREMATION, REMOVAL 1 SPECIFY)	_ / /	CEMETERY OR CREMATORY	enn Street	COUNTY STATE
	UNERAL DIRECTOR NAME FRION PAILE	7/26/80 M+		Balto EC'D. BY REGISTRAR 256. REGISTRA L 24 1980	P'S SIGNATURE Md

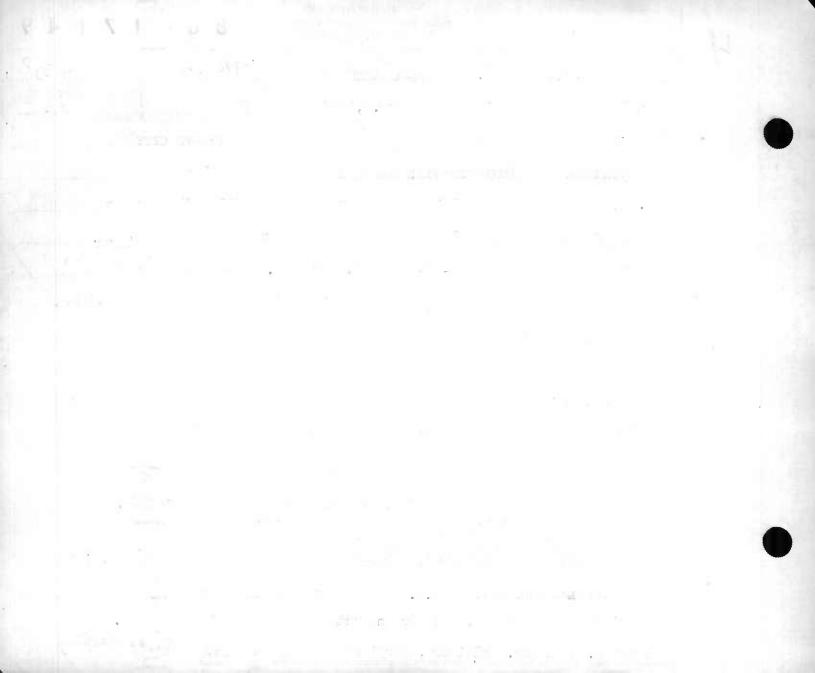
~				
108 12247				toold o'acol
eni e	evon-le l'electe			
		2111.20	12.5 Homen	ercelata
		and long plant		
	10021 E 000			

		CEASED NAME FIRST ORPRINT) HARRY	ANDEI	RSON	7- 30 -	DAY YEAR 26 HOUR
nce.	3 SE	MALE	BLACK	DATE OF BIRTH	6. AGE) IN YEARS LAST BRITHDAY) 58 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
tified at	7e Bi	RTHPLACE (STATE OR FOREIGN 7 OUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY	Y OF DEATH
St be not	10 C	BA HO	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE DETARY M.D.	126. KIND OF BUSINESS OF INDUSTRY GETI HRE'S
miner my		AL RESIDENCE (IF NURSING HOME OR COUNT			13. STREET ADDRESS Spa	inddale
ical exar	14. F/	THER'S NAME FIRST M	ANIDER ANIDERS	IS MOTHER'S MAIDEN NAME OF THE PARTY AND PARTY	wet modie Andr	rson
the medi	16a \	VAS DECEASED EVER IN U.S. ARM YES, NO OR UJIKNOWN) (IF YES, GIVE Y	WAR OR DATES)		Riley 36	See Francisco
other		Conditions, if any, which gove rise to immediate	(b)			
to burial, cr y injury, or	NOI	cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (c) DIDITIONS CONTRIBUTING TO E	ENCE OF DEATH BUT NOT RELATED TO THE TERM	IINAL DISEASE OR CONDITION GIV	VEN IN PART I I o
shows any injury, or	TIFICATION	cause (a), stating the underlying cause lost.	ONDITIONS CONTRIBUTING TO S		200 AUTOPSY? 20%. IF YES	VEN IN PART 1101 5. WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO NO
18 shows any injury, or	CAL CERTIFICATION	cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO	DUDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED 21c HOW INJURY OCCUR	200 AUTOPSY? 20%. IF YES	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
to wentan naybeine prior to outrat, cr	MEDICAL CERTIFICATION	Cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO. 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	DINDITIONS CONTRIBUTING TO I	OPERATION WAS PERFORMED 21c HOW INJURY OCCURI	200 AUTOPSY? 20% IF YES NO YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
of Health and Mental Hygiene prior to burial, cr n 21 is marked or Item 18 shows any injury, or		Cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE NOT WHILE	DI OTTENDE STATE TO S	OPERATION WAS PERFORMED AY YEAR 19 211 LOCATION STREET 19 19 7 7	200 AUTOPSY? YES NO YE RED (ENTER NATURE OF INJURY IN ITEM 18, F	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO PART 1 OR PART 2) COUNTY STATE 19 that (1) (40) four and from the couses stated
Dept. of Health and Mental Hygiene prior to burial, cr If Item 21 is marked or Item 18 shows any injury, or		Cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO. 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE Sow the deceased alive on above, (1) (see) Admint (did not) 113. TON TURE	DIDITIONS CONTRIBUTING TO I	OPERATION WAS PERFORMED 21c HOW INJURY OCCURI 19 211 LOCATION 5TREET DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? 200 IF YES IN CERT IF YES NO YE RED (ENTER NATURE OF INJURY IN ITEM 18, F	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO COUNTY STATE
pt. of Health and Mental Hygiene prior to burial, cr Item 21 is marked or Item 18 shows any injury, or		Cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO. 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (# EITHER, NOTHEY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (I) (this hospital sow the deceased alive on obove, (I) (me) Admit (I) (did not open cause)	DNDITIONS CONTRIBUTING TO I	OPERATION WAS PERFORMED AY YEAR 19 211 LOCATION STREET 210 Ond that in (my) (and apinion DEGREE ATTENDING	280 AUTOPSY? YES NO YE YES NO TOWN CITY OR TOWN death occurred an the date and hou	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO PART 1 OR PART 2) COUNTY STATE 19 1, that (1) (400) four and from the couses stated

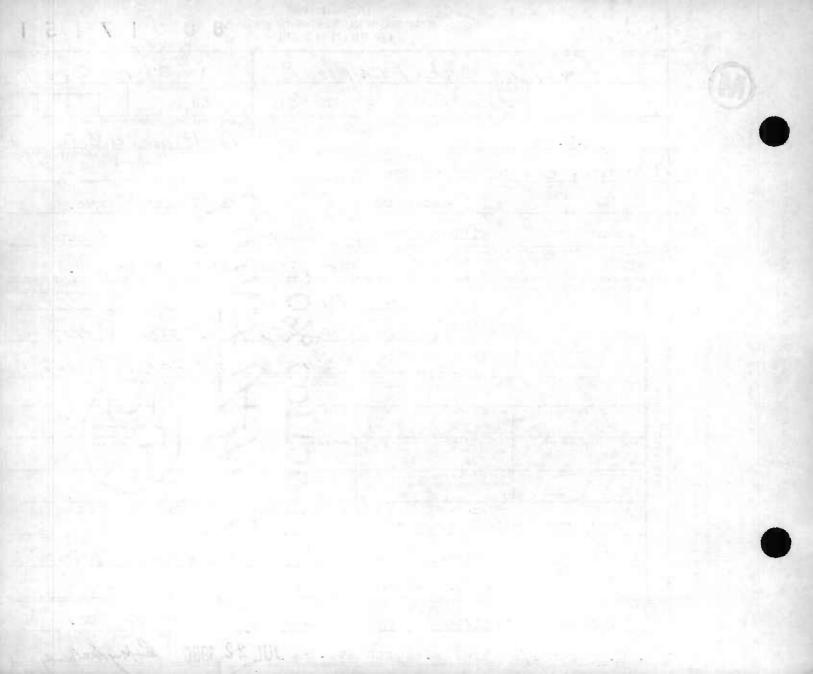
8 0 1 7 1 0 8 Verse Tile hars King Dorot William Could, Rich All. The state of the s In S. A. Housensteins 1701/Anciens Mill & Sill Strains

TO THE PROPERTY OF THE PROPERTY OF	

8 U 1 / V 1 / V 8			
			30 3
	X		
			de la companya de la
The Street State	(solit x x x		
			Sale Sale Sale
Anna Spanistics	essential comment	See Inc.	
	a it	interest the	
Sad range in Adv. på slands is at	tale Leona Tembrosio. Leona del	00 ng - 7 na	
40 to 10 to		Featite	
i ci Su mala viga — man AV			
a party series of	es the sections	7 7 7 7 7 7 7 5 6 7 6 6 7 6 6 7 6 6 7 6 6 7 6 6 6 6	a Juan illi varak



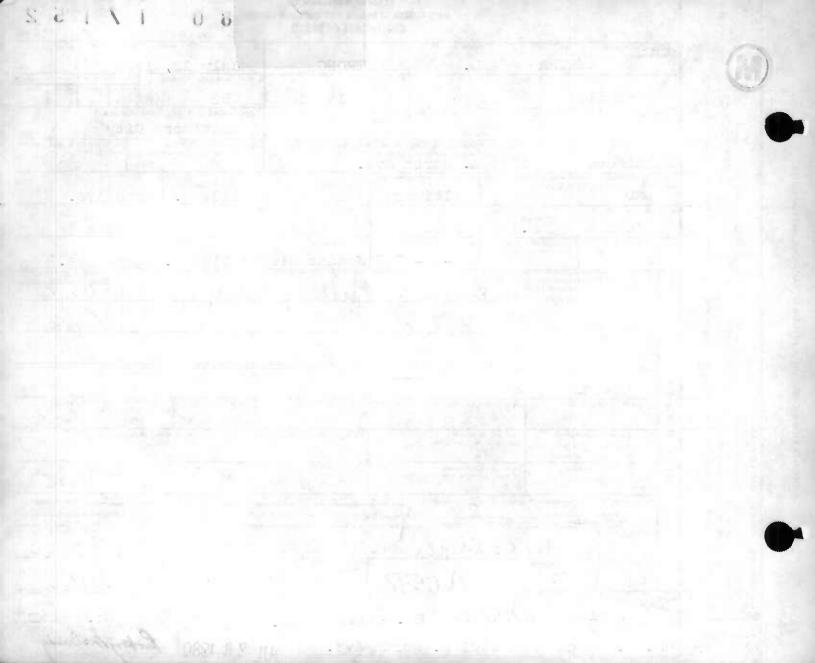
July 13, 1930	A CLICOSI	19.00	MIJUI	V.
	200 P. 11 VIG.	ealth.		a Essira"
BALTIMO CI CITY	x	. 1. 1. 1		
office of the state of the stat	HOSPIT.,L	I INCLESS IN I	U	BALFITO RE
5775 the alameda	X	r on it's		Service .
	######################################	200	-3° e	sois:
Con-is-les: bolts, like Will Cristman with Prin Wilson Sel				c.



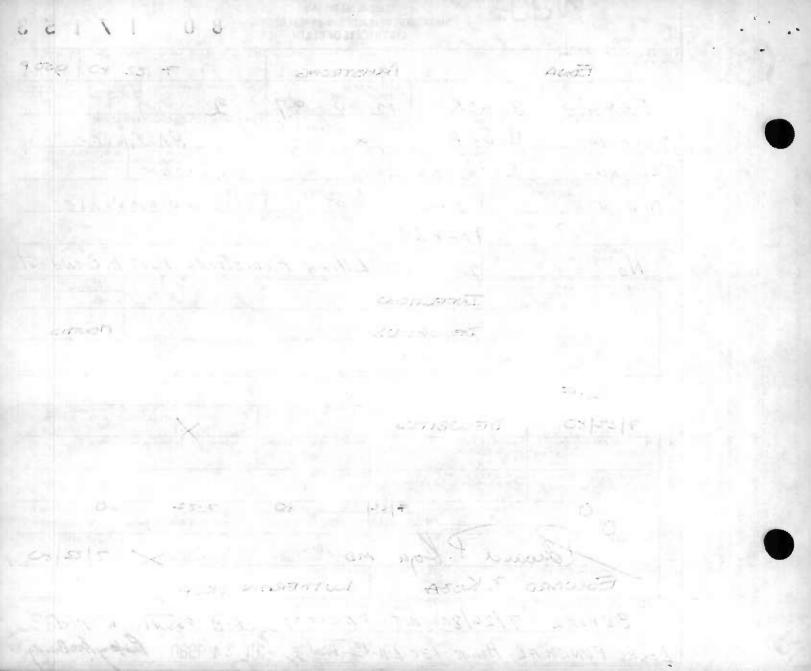
BP

DHMH-16 25M (VRA 15, 4) 1/79

- 1		FOR		DEBART		E OF MARYLAND	H HYCH	INI O O	,	7	E 0
	1.	- STATE REGISTRAR		DEPARI		ICATE OF DEATH		0 0		1	5 4
	1. DE	CEASED NAME FIRST	N	NDDLE		AŠT		REG. NO		YEAR	26 HOUR
30	{TYPE	BERTH	Α .	L.	ARMS	STRONG		July 22	. 1980	,	
	3. SE		14 RACE		S. DATE C			AGE IN YEARS LAST BIRTH		NDER I YEAR	IF UNDER 24 HRS
		Female	Ne	gro	8 8			52	YRS.	THS DAYS	HOURS MIN
35		IRTHPLACE (STATE OR FOREIGN OUNTRY) MD		WHAT COUNTRY?	MARRIE	DE NEVER MARRIE		Baltimore City or Baltimo			MD
00		altimore	(IF NOT IN SUCH	OSPITAL, NURSIN HEACILITY, GIVE STREET E. Nort	ADDRESS)	OR OTHER INSTITUTION	М	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF		126. KIND OI INDUSTRY	F BUSINESS OR
35	USU.	AL RESIDENCE (IF NURSING HOME STATE 13b. COI	OR OTHER INSTITUTION, JNTY	GIVE RESIDENCE BEFOR	VN	13d. INSIDE CITY LIM		138 STREET ADDRESS 1136 E.	North	ı Ave	
	14. F/	ATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAID	ENNAM			LAST	
60		John	М.	Reed		Vio.	la			Ross	
1		WAS DECEASED EVER IN U.S. A	IVE WAR OR DATES!	166 SOCIAL SECT		17 INFORMANT		ADDRES	S		
1		No		219-40-	3747	Joanne 1	Litt	le 1136 E	. Nort		MATE INTERVAL
2	CERTIFICATION	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	DUE TO, OR (c) T CONDITIONS CO		DEATH BUT	NOT RELATED TO THE	HE TERMIN	20a AUTOPSY?	ITION GIVEN I 206. IF YES, WE IN CERTIFYING	ERE FINDIN	GS USED OF DEATH?
Orie	ERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF	IN II IDV		Tale HOW INJURY	CCURR	YES NOD	YES [NOX
2		OR CONTRIBUTING CAUSE OF D	SEATH HOUR A.A	M. MONTH D	AY YEAR 19	THE HOW INJURY	JCCORRE	CD (ENTER NATURE OF INJURY	IN ITEM 18, PART	ORPARI 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21r. PLACE C (AT HOME, STRI	OF INJURY EET, FACTORY, OFFICE,	FARM, ETC.	21f LOCATION STREET		CITY OR TOWN		COUNTY	STATE
		22a. I certify that (I) (this has saw the deceased alive a obave (I) (we still I did 22b. SIGNATURE	on	13/ 19			pinion de	, ta eath accurred on the dat	te and hour and		1
		(emile	pos	tarker	И	ATTENE PHYSIC		MEDICAL STAFF	ANO	7/-	25/20
1		ENVET	7 ROL	Mette	30	220 ADDRESS JOHNS	: H	PKINS	Hos	917	AL
	23a. f	BURIAL, CREMATION, REMOVA	the second second		NAME OF C	EMETERY OR CREMA	TORY	23d LOCATION CITY OF TOWN	cou	INTY	STATE
	-	Burial	7/28/	80 M	t. Ca	alvary G	em.	Baltimo		Co.	MD
VI 79	24 F	UNERAL DIRECTOR	F/H 11	O1 E N	Jorth		DATE	REC'D. BY REGISTRAR 2	SB. REGISTRAR	SSIGNATI	Creedy



. /	1	FOR	CILLE IN	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HY	CIFNE (% C*	
1	1	- STATE REGISTRAR	OF THE PERSON NAMED IN COLUMN 1	CERTIFICATE OF DEATH	REG. NO.	1./15
M		CEASED NAME FIRST	The second second second second	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
		EDN		HRMSTRONG		2 80 950
s after p	3 50	FEMALO	1 RACE BLACK	S DATE OF BIRTH MONTH DAY 10 8 7	6. AGE (IN YEARS LAST BIRTHDAY) 9.32 YRS.	FUNDER LYEAR FUNDER 24 HRS
ral direct hours		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU		BALTIMORE CITY OR COUNT	Y OF DEATH
ter de fune thin 7.	10.0	ITY OR TOWN OF DEATH	U.J.A	WIDOWED DIVORCED UND NURSING HOME OR OTHER INSTITUTION		Timone M
by the fur	B	PALTIMORE	LUThen	E STREET ADDRESS)	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS O
d in se fill	USU 13a.	AL RESIDENCE (IF NURSING HO. STATE 13b C	ME OR OTHER INSTITUTION, GIVE RESIDENT OUNTY 13c CITY O	CE BEFORE ADMISSION) PR TOWN 134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	PLAde
ompletely fille and 2 should I	14. F	ATHER'S NAME	MODIE DAD	15. MOTHER'S MAIDEN N.		LAST
ages 1 are the med		WAS DECEASED EVER IN U.S.	ARMED FORCES? (GIVE WAR OR DATES)	SECURITY NO 17 INFORMANT	RM Strong 161	7 n. Bond S
physician papers. P emoval. ic event,		18 CAUSE OF DEATH (Ent	er anly ane cause per line far (a),			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	1	PART I. DEATH WAS CA	USED BY	ECTION		
ending ph carbon pa on, or rem traumatic		7070	DUE TO, OR AS A CON	NSEQUENCE OF	WATER STREET	
att of		Canditians, if any, which		UBITUS		MONTHS
or oth		cause (a), stating the	DUETO, OR AS A CON	SEQUENCE OF		
igned by please burial, injury,			- ((c)	IG TO DEATH BUT NOT RELATED TO THE TER.	WINA DISCASS OF CONDITION OF	
t to	Z	CHF	INT CONDITIONS CONTRIBUTION	NOT NOT RECATED TO THE TER	MINAL DISEASE OR CONDITION GI	VEN IN PART TIO
prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YE	S, WERE FINDINGS USED
it permit permit ygiene p	FE	7/22/80	DEME	20718		FYING CAUSES OF DEATH?
trans tal H Item		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	F DEATH HOUR A.M. MONT	H DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18.	PART 1 OR PART 2)
the burial- and Meniarked or I	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY	OFFICE, FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
R: Af as th alth a		AT WORK AT WORK			n 7-72	CE
He He			aspital) attended the deceased		death accurred on the date and ha	, 19, that (I) (we) lo
DIRECT hed for a Dept. of If Item 2	18	above (1) we) (did) (did) (did)	e on d nat view the bady after death	DEGREE		22c DATE SIGNED
ALD tache re De T: If	15	1	dward t.	ALD ATTENDING	MEDICAL STAFF	7/22/80
TO FUNERAL I should be detach with the State D IMPORTANT: I	1	224. PHYSICIAN'S NAME (T	YPE OR PRINT)	22e ADDRESS	UNRECTOR PRISICIAN	1,100
TO FUNER, should be de with the Sta		Fow	4RD P. KOZ	A LUTHER	an Hosp	
S s s	23a.	BURIAL, CREMATION, REMO	VAL 23b. DATE	231. NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	-COLINTY STATE
		BUPIA.	1 7/26/80	MT. CALVARY	A.A. COUNT	1 i md
MH-16 25M	24. F	UNERAL DIRECTOR	ADDI	RESS 250. DA	TE REC'D. BY REGISTRAR 256. REGIS	TO R'S SIGNATURE
A 15, 4) 1/79	1	OCKS FUNE	RAL HOME	1304 n. Centra Ro	JUL 44 1980	mo pay to creaty



ACTOR DESCRIPTION OF THE PROPERTY OF THE PARTY OF THE PAR A TEXASTER TO THE TEXAS OF THE STATE OF THE DBC AT MAR SECRETARY OF THE SECRETARY OF

		FOR	DCD A DV		F MARYLAND LTH AND MENTAL HYG	15115 46 15		***************************************	-gran gr
	L	- STATE REGISTRAR	DEF ART		ATE OF DEATH	REG. NO	o.	1	3 5
		CEASED NAME FIRST	WIDDLE	LAST		20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
81		HENRY	D.	ARRU	IP SR.	JUL	Y 10	1980	7 a.
8.0	3 SE	Х	4 RACE	5 DATE OF E		& AGE (IN YEARS LAST BIRT	HDAY] IF	UNDER I YEAR	IF UNDER 24 H
lich.	1	MALE	WHITE	JULY 1	.8, 1913 YEAR	66	YRS.	NTHS DAYS	HOURS MI
翼(科)	7a. B	IRTHPLACE (STATE OR FOREIGN OUNTRY) PENNA.	76 CITIZEN OF WHAT COUNTRY?	MARRIED E	KNEVER MARRIED	BALTIMORE CITY O	R COUNTY O	FDEATH	
This and the state of the state		BALTIMORE	11. NAME OF HOSPITAL, NURSIN 18 NOT IN SUCH FACILITY, GIVE STREET 1510 NORTHBOUR	NG HOME OR (ADDRESS) RNE RD.		12. USUAL OCCUPATE (TYPE OF WORK FOR MOST O SALESMAN	ON	126. KIND O INDUSTRY TRUCK	F BUSINESS
and bed and and and and and and and and and an	130. :	MD.	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR INTY BALTIMOR	RE ADMISSION) VN LE Y	I INSIDE CITY LIMITS?	13. STREET ADDRESS 1510 NORTH	BOURNE	RD.	
and 2 sho		ATHER'S NAME FIRST HENRY G.		15	MOTHER'S MAIDEN NAME FIRST	AE MIDDLE F.	0	DRISCO	
Pages 1	16a V	VAS DECEASED EVER IN U.S. A YES, NO OLUNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECU YE WAR OR DATES) 200-10-0		ENRY D. ARRU	IP JR. 1510	**	OURNE	RD.
gned by the attending ph please remove carbon pa burial, cremation, or rem jiury, or other traumatic		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUI (b) Chronic	obstruction obstruction obstruction of the contraction of the contract	carcinoma onetastasis ctive pulmor c cardiovas	nary diseas cular disea	e		ears
te has been si permit. Then liene prior to 3 shows any ii	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH			20e AUTOPSY? YES NO	206. IF YES, WIN CERTIFYIN	VERE FINDIN	IGS USED
0 0 0	E	21a. ACCIDENT WAS UNDERLYING			L HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	I OR PART 2]	
ifter this certificate the burial-transit pe and Mental Hygier arked or Item 18 si	MEDICAL	OR CONTRIBUTING CAUSE OF DI CHE EITHER, NOTIFY MEDICAL EXAMINES 216 IN JURY OCCURRED WHILE NOT WHILE		19	I LOCATION STREET	CITY OR TOW		COUNTY	STATE
TOR: After this cert use as the burial-tra I Health and Mental 21 is marked or Itel		(IF EITHER, NOTIFY MEDICAL EXAMINES 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a I certify that (I) (this hasp	P.M. 21e PLACE OF INJURY	19 21 FARM, ETC.) 21 30 , and f1	1 LOCATION STREET 19 66 nat in (my) (oX) apinian d	city of tow Prese	nt 19.	, 1	that (I) (we)
R: After this cert as the burial-rra alth and Mental is marked or Ite	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE) 21d IN JURY OCCURRED WHIE NOT WHIE AT WORK 270 I certify that (I) (this hasp saw the deceased alive a above, (I) (we) (did) (did n) 27b. SIGNATURE 27d. PHYSICIAN'S NAME (TYPE (1)	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F in June 24 at view the body after death. OWNShend, Jr.,	19 21 21 30 , and the DEC M. D.	1 LOCATION SIREET 19 19 19 The property of	city or tow to Prese eath occurred on the do MEDICAL STAF DIRECTOR PHYSIC	nt 19, te and haur at	226. DATE:	that (I) (we) (causes stated SIGNED 0 - 80

0.8				
	ASTUDE TIL	, .		
	THE 181 AT			
				.12
	, luc			
1550 non-page				
			17.0	
 1 FC -U-4	Illian de Yannes	1-024		
	Lost es l'estes			

O 2 1 V I September 1 the State of the State

	1	500			OF MARYLAND	the stu		pa
MONTH.	1	FOR - STATE REGISTRAR	DI		EALTH AND MENTAL HY	REG. NO.	1.7	5 /
		CEASED NAME FIRST	MIDDLE	i.	AST	20. DATE OF DEATH MOR	NTH DAY YEAR	2b. HOUR
de oth		Nadin	e R.	Aust	in	July 24,1	980	L:40 Mai
	3 SI	* Female	4 RACE White	5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER I YEAR MONTHS DAYS YRS.	IF UNDER 24 HRS
ė .		IRTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COL	INTRY? 8	D MENER WARRIED D	9. BALTIMORE CITY OR C		
=3	An	uruland	11.SA	WIDOWE	DIVORCED	DALTILODE	CITY	MD.
4		BALTIMORE	# (IF NOT IN SUCH FACILITY, GIT	NURSING HOME C	R OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	DRKING LIFE) 126 KIND C	OF BUSINESS OR
o Lo	1151				IAL	secretary	offi	ce
3	1		timore Arbi		13d. INSIDE OTTY LIMITS?		lvenue	1
mine	14 F	ATHER'S NAME	MIDDLE	AST	15 MOTHER'S MAIDEN NA	AME	LA	ST
36	1	Louis Schler	£		Mary Bye	rs		
Z dicol		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIA	AL SECURITY NO.	17 INFORMANT	ADDRESS		
1		no -	215-	16-1989	Douglas L.	Austin 1250.	Sulphur Sp.	rino Rd.
	NOI	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A COP DUE TO, OR AS A COP IC) CONDITIONS CONTRIBUTIN	VSEQUENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITI	ON GIVEN IN PART 1	0)
shows only	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION	N WAS PERFORMED		Ib. IF YES, WERE FINDING CAUSES YES	
9		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	23b. TIME OF INJURY HOUR A.M. MON'	TH DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2)	
-	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY,		21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
E		22a.1 certify that (1) (this hasp	ital) attended the deceased	from	, 19	23.10 Jun	, 19.80	that (I) (we) lost
7 7		sow the deceased alive o	of yew the body after death	_19_ <u>& &</u>	d that in (my) (our) opinion	death occurred on the date	and hour and from the	couses stoted
E		72% SIGNATURE	1 //		DEGREE		22c. DATE	SIGNED
-		(Mergudes)	Sugar (10)	5		MEDICAL STAFF DIRECTOR PHYSICIAN	10 7/2	11/80
MPOKIAN		MI PHYMICIAN'S NAME	MANUAL PROPERTY.	4 0	22e ADDRESS		"	
		ALEJANDR	0 fast/	AMV.	900 S. CA	TON AVE. BA	LTIMORE,	MD. 2122
	23a.	BURIAL, CREMATION, REMOVA	L 23b DATE		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
	L	burial	7/28/80	Meadowr	idge (emetery	7)	oward Mur	aland
6		UNERAL DIRECTOR	ADD	RESS		TE REC'D. BY REGISTRAR 256.	TENEROUSENE	GRE
	A	mbrose Tuneral	Home 1328 Si	uphur Sp.	ring Rd. JU	L 7 = 1800		

THE E. STOLLEY, DAILY LOTES .2 432

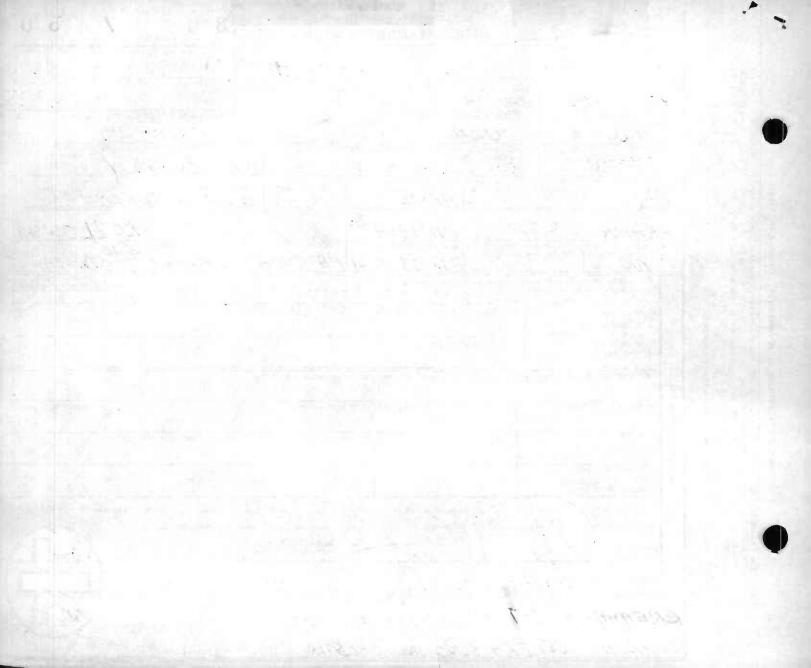
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENI

- STATE

10 21 3		· 41		
	emental 4			
			1.531.	9.44
A partic				
1019 98				
teration in	and the second second			283
33-14-1 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	anest de 111	en i je		
100 July 25 Ju	N loser v r jul		ententa i L≥va il	

E 10 0 1			7 QJ		
ALCUS OF			?. 3\ <u>[</u>	,na	0.1
	^ i	X		AGU	0.15.1
Managana	no.ins	grafi)			000-15
20815 vo	A to interes 0	3 C	erronl tird		in factor
n sti	-	aială	JJ 65		o nti
	0.034		69077077688		804
	c , **** ''A		ola tele placie		
	o manife				

Type or print) Frank P. Baccala Type or print Type	1.1	REGISTRAR DECEASED NAM	F FIRST	MEDICAL EXAM	AINER'S CERTIFICATE O	PUEATH REG. N	
3. SEX 4. RACE S. DATE OF BIRTH S. AGE INVEXAS FUNDER 14R FUNDER 24 HRS. 12. DATE MONTH DAY MO			_			OF ESTI-	
Male White DAY YEAR AS ASSEMBLY TO ASSEMBL	3. 9	SEX					T 14 Of
10. BRITHPLACE (STATE OR PORCE) 10. CHIZEN OF WHAT COUNTRY? 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION IT WE ON WORK 120. USUAL OCCUPATION 120. USUAL OCCUPAT				MONTH DAY YEAR LAST 8	IRTHDAY) MONTHS DAYS HOURS	MIN PRONOUNCED	
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 170 USUAL OCCUPATION, (TYPE OF WORK) 170 KIND OR IND 170 KIND OR IND OR IND 170 KIND OR IND 170	10.	BIRTHPLACE (S				9 RALTIMORE CITY	
Baltimore (# NOT INSUCH FACILITY, OWN STREET ADDRESS) SOURCE STORE ADMISSION 38. STATE 13b. COUNTY 13c. CITY OR TOWN 39. STATE ADDRESS ADDRESS 30. STREET ADDRESS ADDRESS 30. STATE ADDRESS ADDRESS 30. STREET ADDRESS ADDRESS 30. STATE ADDRESS ADDRESS 30. STREET		FOREIGN COLUMNY)		USA		Baltimo	re City
USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, ONE RESIDENCE SEPORE ADMISSION) 138. STATE 139. STATE 139. SOUNTY 131. CITY OR TOWN 134. INSIDE (ITY LIMITS? 136. STREET ADDRESS DONCARD 136. WAS DECEASED EVER IN U.S. ARMED FORCES? (185. NO. OR SHANDOWN) 168. WAS DECEASED EVER IN U.S. ARMED FORCES? (185. NO. OR SHANDOWN) 168. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1 DEATH WAS CAUSED BY: Conditions, if any, which gave rise to immediate cause (a) stoling the underlying cause last. (c) DUE TO, OR AS A CONSEQUENCE OF 199. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 210. TIME OF INJURY 190. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING OR AS A CONSEQUENCE OF 199. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING OR AS A CONSEQUENCE OF INJURY 190. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING OR AS A CONSEQUENCE OF INJURY 190. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING OR AS A CONSEQUENCE OF INJURY 190. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING OR AS A CONSEQUENCE OF INJURY 191. HOUR A.M. MONTH DAY YEAR 192. HOUR A.M. MONTH DAY YEAR 210. TIME OF INJURY OF INJURY OF INJURY IN ITEM 18 PART 1 OR PART 2) 190. CONTRIBUTING CAUSE OF DEATH 190. PART 2 OTHER SIGNIFICANT CONDITIONS OF INJURY IN ITEM 18 PART 1 OR PART 2) 191. FIGURE OF INJURY OF INJURY OF INJURY IN ITEM 18 PART 1 OR PART 2) 191. FIGURE OF INJURY OF INJURY OF INJURY IN ITEM 18 PART 1 OR PART 2) 191. FIGURE OF INJURY OF INJURY OF INJURY IN ITEM 18 PART 1 OR PART 2) 191. FIGURE OF INJURY OF INJURY OF INJURY OF INJURY IN ITEM 18 PART 1 OR PART 2) 192. FIGURE OF INJURY OF INJURY OF INJURY IN ITEM 18 PART 1 OR PART 2) 193. TO THE TORS TO THE T	10.			11. NAME OF HOSPITAL, NURSING H	HOME, OR OTHER INSTITUTION	120. USUAL OCCUPATION (TY	YPE OF WORK 126. KIND OF BU OR INDUST
136. STATE 136. DOUNTY 136. CITY OR TOWN 134. MISUR (ITY IMITS)? 136. STREET ADDRESS 200 CAND 14. FATHER'S NAME MIDDLE	1			520 S. Duncan	Street	DOCK CONT	RASTOR
14. FATHER'S NAME PRAIDLY 156. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR MINKNOWN) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Canditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. EXTERNAL CAUSE WAS 216. INJURY OCCURRED 191. EXTERNAL CAUSE WAS 216. INJURY OCCURRED 216. PLACE OF INJURY (AT HOME.) 211. ILLICATION 191. MOTHER'S MAIDEN NAME PART 1 AND HERS ADDRESS 220 PATRICIA BAUCALA S. DUR APPROXIMATION AND APPROXIMATION APPROXIMATION APPROXIMATION FOR APPROXIMATION FOR APPROXIMATION FOR WHICH OPERATION WAS PERFORMED? 216. EXTERNAL CAUSE WAS 216. FLACE OF INJURY HOUR A.M. MONTH DAY YEAR 216. INJURY OCCURRED 216. PLACE OF INJURY (AT HOME.) 211. LOCATION 211. LOCATION						13e. STREET ADDRESS	
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 320		[[]]	V	BALTO			WNCAN >
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: A Cute combined methadone & diazepam	14.	FATHER'S NAM	E	MIDDLE ROASTA	JR 15. MOTHER'S MAIDE	NAME	NA -7 MST
(YES, NO. ORUNKNOWN) (IF YES, GIVE WAR OR DATES) 212 58-7031 PATRICIA BACCALA S, DUN APPROXIMATION BACCALA S, DUN APPROXIM	1/2	WAS DECEASE	EN EVER IN III S ARAM	AED EODCESS THE SOCIAL SEC	TIRITY NO 17 INFORMANT	ADDRES	NO ELOU
196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTO	1	(YES, NO, OR UNKNO	OWN) (IF YES, GIVE W		- 2021 PATRICIA		17 2//
PART I DEATH WAS CAUSED BY: 8 5 0 0 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF INTOXICATION Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF INTOXICATION PART 2 OTHER SIGNIFICANT (DNDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21d. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR 21d. INJURY OCCURRED	F	IR CAUSE O	DE DEATH (Enter only	y one cause per line for (a) (b) and (c)	1001111111111111	7 271-471-77	I APPROXIMAT
DUE TO, OR AS A CONSEQUENCE OF INTOXICATION Canditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT (ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR (DNDITION GIVEN IN PART 1 (a)). 190. DATE OF OPERATION 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING OR CAUSE OF DEATH P.M. 190 211. INJURY OCCURRED 212. PLACE OF INJURY (ATHOME, 211 LOCATION) 213. PLACE OF INJURY (ATHOME, 211 LOCATION)		PARTID	EATH WAS CAUSED	BY: Acute com	bined methadone	& diazepam	BETWEEN ONSE
Canditions, if any, which gave rise to immediate cause (a) stating the under- lying cause last. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 tol. 190. Date of operation 190. Condition for which operation was performed? 210. EXTERNAL CAUSE WAS 210. TIME of INJURY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 211. INJURY OCCURRED 212. PLACE OF INJURY (ATHOME, 211 LOCATION)		85	O O IMMEDIATE	E CAUSE (a)	interiori	ion	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 190. DATE OF OPERATION 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING OR CONTRIBUTING OR 210. EXTERNAL CAUSE WAS 210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 211. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 212. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 213. INJURY OCCURRED 214. INJURY OCCURRED 215. PLACE OF INJURY (ATHOME. 211. LOCATION							
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 190. Date of operation		gave r		< 10/			
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1. 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING OR CONTRIBUTING OR P.M. 19 216. INJURY OCCURRED 216. PLACE OF INJURY (AT HOME. 211. LOCATION) stating the under-	DUE TO, OR AS A CONSEQUEN	NCE OF		
196. DATE OF OPERATION 1976. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTO YES 216. EXTERNAL CAUSE WAS 21b. TIME OF INJURY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 216. INJURY OCCURRED 216. PLACE OF INJURY (AT HOME, 211 LOCATION		cause (a			NCE OF		
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME, 211 LOCATION		cause (a lying ca	use last.	(e)		T I (a).	
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME, 211 LOCATION	20	eause (a lying car PART 2 OTHER S	use last.	(e)		T L (o).	
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21a. PLACE OF INJURY (AT HOME, 211 LOCATION	NOITAG	eause (a lying car PART 2 OTHER S	use last. Ignificant (dnditions <u>(</u>	(c)ONTRIBUTING TO DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE OR CONDITION GIVEN IN PAR	T [(o).	20 AUTOPSY
216 INJURY OCCURRED 216 PLACE OF INJURY (AT HOME, 211 LOCATION	TEICATION	eause (a lying car PART 2 OTHER S	use last. IGNIFICANT (DINDITIONS ((c) ONTRIBUTING TO DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE OR CONDITION GIVEN IN PAR	Υ I (e).	20 AUTOPSY YES St
216. INJURY OCCURRED 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY		PART 2 OTHER S	USE LOST. IGNIFICANT CONDITIONS CO F OPERATION AL CAUSE WAS	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE OR CONDITION GIVEN IN PAR OPERATION WAS PERFORMED? 21c. HOW INJURY OCCURRED		YES 🔀
The state of the s		PART 2 OTHER S	FOPERATION AL CAUSE WAS GOR	(c)	ETERMINAL DISEASE OR CONDITION GIVEN IN PAR OPERATION WAS PERFORMED? YEAR 9		YES 🔀
AT WORK AT WORK		PART 2 OTHER S 19a. DATE OI 21a. EXTERNA UNDERLYING CONTRIBUTI 21d. INJURY 6	FOPERATION AL CAUSE WAS GOOD OR ONE OF DECEMBER OF D	(c)	ETERMINAL DISEASE OR CONDITION GIVEN IN PAR OPERATION WAS PERFORMED? YEAR 9 11. HOW INJURY OCCURRED 9) (MƏTI NI YRULNI ƏO ƏRUTAN RƏİNƏ)	YES TYPES TO PART 2)
1 (40, I certify that what charge of the remains described above held an . Autabsy (41). Inspection 1 . Indiany 1 and in my animan		PART 2 OTHER S 19a. DATE OF 21a. EXTERNA UNDERLYING CONTRIBUTI 21d. INJURY 0 WHILE AT WORK	FOPERATION AL CAUSE WAS GOR ING CAUSE OF DI OCCURRED NOT WHILE AT WORK	(c)	PERMINAL DISEASE OR (DIDITION GIVEN IN PAR OPERATION WAS PERFORMED? YEAR 9 211. HOW INJURY OCCURRED STREET	O (ENTER NATURE OF INJURY IN ITEM II CITY OR TOWN	YES TO PART 2) COUNTY
		PART 2 OTHER S 190. DATE OF 210. EXTERNA UNDERLYING CONTRIBUTI VHILE AT WORK 220. I certi	F OPERATION AL CAUSE WAS G OR ING CAUSE OF DI OCCURRED NOT WHILE AT WORK	(c) (CONTRIBUTING TO DEATH BUT NOT RELATED TO THE STREET, FACTORY, FARM, ETC.)	TERMINAL DISEASE OR CONDITION GIVEN IN PAR OPERATION WAS PERFORMED? YEAR 21c. HOW INJURY OCCURRED STREET AND AUTOPSY Inspection	CITY OR TOWN	YES Y
death resulted from the transfer of the course . A coordinate . Sucide . Hamicide . Undetermined manner .		PART 2 OTHER S 190. DATE OF 210. EXTERNA UNDERLYING CONTRIBUTI VHILE AT WORK 220. I certi	F OPERATION AL CAUSE WAS G OR ING CAUSE OF DI OCCURRED NOT WHILE AT WORK	(c) (CONTRIBUTING TO DEATH BUT NOT RELATED TO THE STREET, FACTORY, FARM, ETC.)	TERMINAL DISEASE OR CONDITION GIVEN IN PAR OPERATION WAS PERFORMED? YEAR 9 Autopsy Autopsy Main Autopsy Mai	CITY OR TOWN	YES TO PART 2) COUNTY
death resulted from Shared course X, Accident , Sucide , Hamicide Undetermined manner ,		PART 2 OTHER S 190. DATE OF 21a. EXTERNA UNDERLY INV CONTRIBUTI 21d. INJURY CONTRIBUTI 21d. INJURY CONTRIBUTI 21d. INJURY CONTRIBUTI 21d. INJURY CONTRIBUTI ACTUAL	F OPERATION AL CAUSE WAS G OR ING CAUSE OF DI OCCURRED NOT WHILE AT WORK	(c) (CONTRIBUTING TO DEATH BUT NOT RELATED TO THE STREET, FACTORY, FARM, ETC.)	TITLE (SPECIFY)	CITY OR TOWN Undetermined manner	COUNTY DATE 77-1-8
death resulted from blanual course X, Accident , Suicide , Hamicide , Undetermined manner ,		PART 2 OTHER S 190. DATE OF 21a. EXTERNA UNDERLY INV CONTRIBUTI 21d. INJURY CONTRIBUTI 21d. INJURY CONTRIBUTI 21d. INJURY CONTRIBUTI 21d. INJURY CONTRIBUTI ACTUAL	F OPERATION AL CAUSE WAS G OR ING CAUSE OF DI OCCURRED NOT WHILE AT WORK	(c) (CONTRIBUTING TO DEATH BUT NOT RELATED TO THE STREET, FACTORY, FARM, ETC.)	TITLE (SPECIFY)	CITY OR TOWN Undetermined manner	COUNTY DATE TYES YES COUNTY
death resulted from Natural Course X, Accident D, Sycide D, Hamicide D, Undetermined manner D, TITLE (SPECIFY) ACTUAL SIGNATURE DATE 7-1 EVANIBLES'S NAME.		PART 2 OTHER S 190. DATE OF 210. EXTERN. 210. EXTERN. 210. INJURY OF WHILE AT WORK 220. I certification death result ACTUAL SIGNATURE EXAMINER'S	F OPERATION AL CAUSE WAS G OR NG CAUSE OF DI OCCURRED NOT WHILE AT WORK	(c)	TERMINAL DISEASE OR CONDITION GIVEN IN PAR OPERATION WAS PERFORMED? YEAR YEAR 211 LOCATION STREET Autopsy ME Autopsy TITLE (SPECIFY) Deputy Chi	CITY OR TOWN Undetermined manner CERCEMEDICAL EXAMINER	COUNTY DATE TYES YES COUNTY
death resulted from Mary Course . Accident . Sylcide . Homicide . Undetermined manner . TITLE (SPECIFY) DEPUTY Chief MEDICAL EXAMINER SIGNED 7-1 EXAMINER'S NAME Thomas D. Smith, M.D. ADDRESS 111 Penn Street 23. BURIAL (SEMALION) REMOVAL 128 DAYS . DAY	2	PART 2 OTHER S 190. DATE OF 210. EXTERNA CONTRIBUTI 21d. INJURY WHILE AT WORK 220. I certi death result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRI	IGNIFICANT CONDITIONS CO	(c)	TERMINAL DISEASE OR CONDITION GIVEN IN PAR OPERATION WAS PERFORMED? YEAR 9 211 LOCATION STREET an Autapsy X, Inspection Sycide , Hamicide , TITLE (SPECIFY) ADDRESS 111	CITY OR TOWN Inquiry	COUNTY and in my apinian DATE 7-1-8



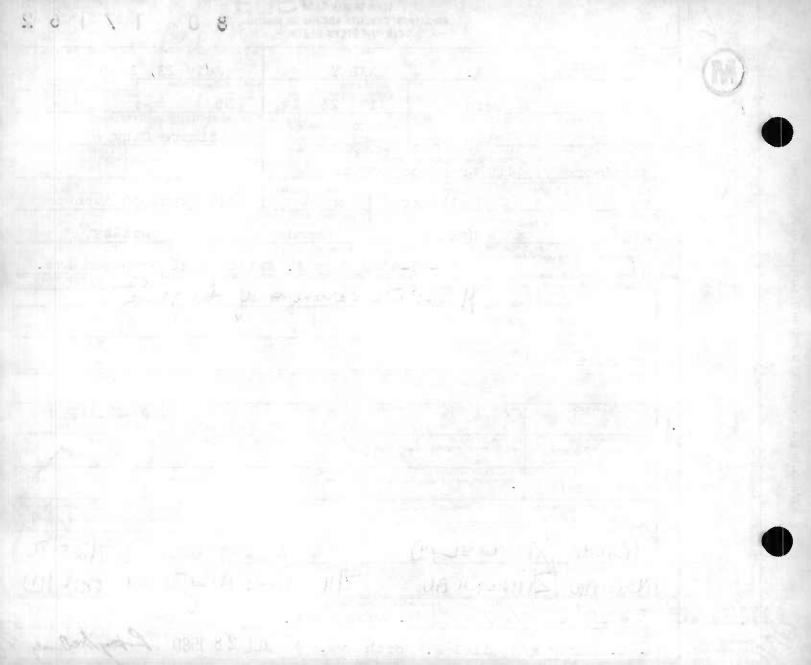
5	FOR STATE REGIS	STRAR			DEPART		EALTH AND MEI			, NO.	7	1. (6 1
. 0.	1. DECEASED		FIRST		MIDDLE	ı	AST		20 DATE OF DEAT		DAY	YEAR	2b. HOUR
eoth 3 me be	(TYPE OR PRINT)	RALPH	I		F	BAGLEY			7	3	80	11:45A
TO T	3. SEX		4.	RACE		5. DATE C			AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER		IF UNDER 24 HR!
ge 4	MA	LE		NEGR	2010	MONTH 9	17 17	VEAR 06	7.3	(12 y	RS MONTHS	DAYS	HOURS
Poge Hours	BIRTHPLA	CE (STATE OR FO	PREIGN 71	CITIZEN OF	WHAT COUNTRY	8 MADDIE	D NEVER MAR	PRIED X	BALTIMORE CIT	Y OR COL	JNTY OF DE	ATH	
Gon 72		IMORE, M	D.	U.S	.A.	WIDOWE			BALI	IMORI	E CITY		MD
he fund within	10 CITY OR	OWN OF DEA	TH I	1. NAME OF	HOSPITAL, NURSI	NG HOME C	R OTHER INSTITU	ITION	120 USUAL OCCUP		12b.	KIND OF USTRY	BUSINESS OR
s of		TIMORE		VA M	EDICAL C	ENTER	BALUO. M	D.	Retir	ed	-	001111	
filled in must be	13a STATE		ING HOME OR O 13b COUNT		GIVE RESIDENCE BEFO	VN	13d INSIDE CITY		3e. STREET ADDRE	LAREV	VAY 21	213	
mpletely ond 2 sh	14 FATHER'S	NAME FIRST	man and a second	Bas	LAST		15 MOTHER'S M	AIDEN NAMI	E AMERICA	001	(15 R	LAST	
- 0_	160 WAS DE	CEASED EVER	IN U.S. ARM	ED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	11/6	AD	DRESS	10.1		
Pages	YES, NO C	r unknown)	(IF YES, GIVE W	II	214-03-	0456			3-1				
ه نځ ت		USE OF DEATH			line for (a), (b), o	nd (C')	1				В	APPROXIMETWEEN O	NATE INTERVAL
certificate ng physici bon poper r removal.	PA	RT I. DEATH W	AS CAUSED IMMEDIATE	BY:	Ca	idios	Lulyan	and	arres	t			
ding or re	1:	19	IMMEDIATE		R AS A CONSEQU	ENICE OF		1	ic Ca				
he death c he ottendin emove cork motion, or r troumotic	Cond	itions, if ony,	which	(ib)	AS A CONSEQ	Time	ial a	astr	ic Ca	ne			
the o	gove	rise to imm	nediote	DUETO	R AS A CONSEQU	IENCE OF							44.
es that the med by the please or urial, are		rlying couse		(6)	IN AS A CONSEGN	, EIVEL O							
quires signed hen pl to buri		2. OTHER SIGN	IIFICANT CO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR C	ONDITION	GIVEN IN F	ART 1(o)	1
mit.	CERTIFICATION 150 DA	TE OF OPERAT	ION	19b. COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORM	ED	200 AUTOPSY?	IN C	IF YES, WERE ERTIFYING C YES	FINDING AUSES (GS USED OF DEATH?
± 50 50 € = -	21a. A	CIDENT WAS UND	ERLYING	21b. TIME C			21c HOW INJUI	RY OCCURRE	D (ENTER NATURE OF			PART 2)	
SICIAN: T ng physici certificate riol-tronsi entol Hygi ftem 18 sh	00.00	NTRIBUTING C			M. MONTH [M.	AY YEAR							
¥ ¥ £ £ F ±		IJURY OCCURR		21e. PLACE	OF INJURY		211. LOCATION						
G Photen	WHILE AT WOR	NOT WE	HILE	(AT HOME, ST	REET, FACTORY, OFFICE	FARM, ETC.)	STREET		CITY O	NWOT	COU	NTY	STATE
Or				() ottended th	e deceased from	JUNE	10.	19 80	to JUIA	3,	8	0 ,	hot (K (we) lost
TEN TOR or us		w the decease bove, (I) we) (d				80	nd that in $(X_{\!$	or) opinion de	eoth occurred on th	e dote on	d hour and fi	rom the c	ouses stoted
R AI hosp REC Ppt. opt.		GNATURE	iai (au AoN	view the body	offer death		DEGREE				22	t. DATE S	SIGNED
TAL OI y the RAL DI detoch cote De ote De		1	Blu	10/	Tease,	100,	My ATTI	ENDING YSICIAN []	MEDICAL DIRECTOR PH	TAFF	x	7/3/	/80
OSPITAL Led by th UNERAL Id be det the Stote	22d. PI	YSICIAN'S NA	ME (TYPE OR F	PRINT)	0	College	22e ADDRESS	I SICIAI -	DIRECTOR 111	TOTOTAL			
TO HOSPITAL cetoined by the TO FUNERAL should be deto with the Stote I IMPORTANT: II		9	3RU	C 52	Rost	NBER	\$ 3900	LOCH R	AVEN BLV	D. BA	LTIMOF	E, I	D. 18
0 # 5 # 3 W	23a. BURIAL	CREMATION,	REMOVAL	23b. DATE	230	NAME OF	EMETERY OR CRE		23d LOCATION	1	COUNTY		STATE
BP	5	uria	0	7-8-	-80 K	rout	us Men	, , ,	Bal	10.	Mo	/.	
DHMH - 16 50M 1/76	24 FUNERA				ADDRESS				REC D. BY REGISTI	AR 75b. RE	SHOTRAR'S	JIGNATI	are and
(VR A 15 (4))	Calv	115.	Derv	495	r. 141	2L.	Presto	1 July	7 1980	-	117		_/

	ANTONE		
	36 11 0		
ofto Expensive		.A.E.N	. COA, ENTONE , MOD.
	CONTRACT SALED OF	ADECED AV	RIGHT IA
COST WAY DO DO DO DO		CAP	WILLIAM .
20 E A A T T	38 × 12 × 34		

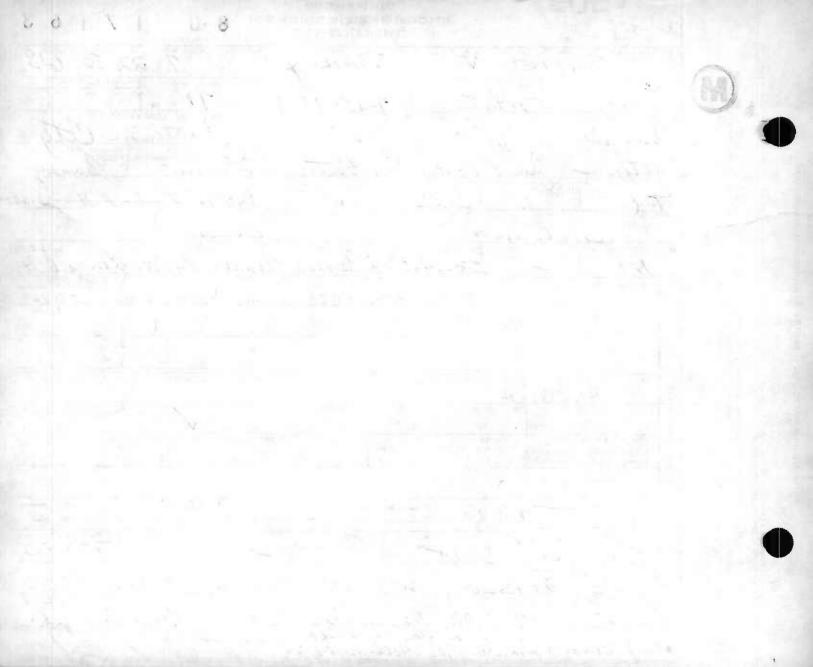
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4) 1/79



				STATE OF MARYLAND			
	1.	FOR STATE REGISTRAR		RTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	171	6 3
A A pe		CEASED NAME SUST	E V	BAILEY	20 DATE OF DEATH MO	22 80	G P M
Page 4 ma	3 SE	Temale	In hite	5 DATE OF BIRTH MONTH DAY 1909	6. AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS HE	UNDER 24 HRS
uneral di in 72 hou	8	Virginia	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR C	Emore Cl	ty no
hours afte in by the f filed with	150	religione	WHOT IN SUCH FACILITY, GIVE STI	Med trenter	120. USUAT: OCCUPATION (TYPE OF WORK FOR MOST OF WO		hery
thin 24 h		AL RESIDENCE (IF NURSING HOME OF C TATE 13b, COUNT	THER INSTITUTION, GIVE RESIDENCE BE Y I3(, C) Y OR T.	D YES D NO	13. STREET ADDRESS	onbard H.	2120
ecuted wi		renh	DOLE LAST	15 MOTHER'S MAIDEN NA	enhuore ADDRESS	LAST	
ficate be exe grician and c pers. Pages 1 oval.		VAS DECEASED EVER IN U.S. ARM (15, NO OR UNKNOWN) (1F YES, GIVE V	VAR OR DATES) 230-24	6-2334 Beulah	hader 840	W. Lombs	1201 140 St. TE INTERVAL SET AND DEATH
requires that the death certi n signed by the attending ph ten please remove carbon paa to burial, cremation, or rem y injury, or other traumatic	NO	Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause lost PART 2 OTHER SYGNIFICANT CO	CAUSE (0) META DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) DIDITIONS CONTRIBUTING	STATIC ENDOMET		NOM4 5	413
i: The law te has been permit. The lene prior is shows an	CERTIFICATION	190 DATE OF OPERATION		ICH OPERATION WAS PERFORMED		DD. IF YES, WERE FINDING N CERTIFYING CAUSES OF YES []	
PHYSICIAN ng physician. this certificat urial-transit F Mental Hygi	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	DAY YEAR 19 211 LOCATION	RED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2)	
OING PHITTENDING PHITTENDING PHITTENDING PHITTENDING SET THE BUILT HOLD MANAGE TO THE PHITTENDING PHIT	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	CE, FARM, ETC) STREET	CITY OR TOWN	COUNTY	STATE
hospital or shospital or shospital or sched for use deep of them 21 is them 21 is		27a I certify that (h (this haspite saw the deceased alive an abave, (h (ws) (did) (and not) 27b. SIGN 1998	7.18.80	9, ond that in (my) (bur) opinion DEGREE ATTENDING	MADICAL STAFF	ond hour and from the co	
TO HOSPITAL felained by the TO FUNERAL should be detected with the State (IMPORTANT:	<	JAN PHYSICIAN'S NAME ITHE	BLES	mo 3809 gr	Genmound	- Rue Bi	ALTO
BP	t	SURIAL, CREMATION, REMOVAL	7-25-1980	NAME OF CEMETERY OF CREMATORY	23d. LOCATION CITY OR TOWN	country Cooking	STATE
DHMH-16 25M (VRA 15, 4) 1/79	3	UNERAL DIRECTOR	Los de Gas	Halling 1. 150.91	REO'DABY REGISTRAR 256	REGISTRARIS SIGNATUR	7



	1-	FOR STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH	FEG. NO.	1716				
		CEASED NAME FIRST BE-	tty MODIE Ann	Baker Baker	20 DATE OF DEATH MONTH	7 - 80 26 HOUR				
age 4 ma	3 SE)	F Female	caucasian	DATE OF BIRTH MONTH 7/ 29/ 21		MONTHS DAYS HOURS				
death. Pr	CC	RTHPLACE (STATE OR FOREIGN 76 NUMBER) NNSylvania	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED						
urs after by the fu			NAME OF HOSPITAL, NURSING	S HOME OR OTHER INSTITUTION DSPITAL						
filled in uld be fill	13e S	RESIDENCE (IF NUISING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TATE 136 COUNTY 136 CITY OR TOWN 136 INSIDE CITY LIMITS? W Jersey Cape May Stone Harbores 0 0 2 97th Stree								
ompletely and 2 shoo		THER'S NAMEFIRST MID	ole llen Allem	an Gertru	MIDDLE	ia Brubake				
n and cor Pages 1 and the med	láa W (Y	YAS DECEASED EVER IN U.S. ARME ES, NO OR UNKNOWN) (IF YES, GIVE W. YOS WW I.	100001110	17 INFORMANT	enne A. Dixon	1800 Edmond Ave., Balt.				
physicia papers. emoval. tic event		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). SEPSIS								
trending e carbon iton, or re		PARTI DEATH WAS CAUSED BY SEPSIS MMEDIATE CAUSE (a) SEPSIS DUE TO, OR AS A CONSEQUENCE OF CONDITIONS, if only, which (1b) METASTATIC CARCINOMA TO THE BRAIN (LIVER 6 MOS ,								
by the at se remove se remove se', cremati		gave rise to immediate cause 10), stating the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF CARCINOM A, RT BRONCHUS								
w requires the	NO	PART 2 OTHER SIGNIFICANT CO		EATH BUT NOT RELATED TO THE TE		GIVEN IN PART 1101				
nit.	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHICH C	OPERATION WAS PERFORMED	200 AUTOPSY? YES NOS YES YES YES					
PHYSICIAN: The graphysician. This certificate he unial-transit perm Mental Hygiene do rem 18 sho		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DA		JRRED (ENTER NATURE OF INJURY IN ITE					
INDING PHY attending PR: After this as the buria salth and Me is marked or	MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	21f LOCATION	CITY OR TOWN	COUNTY STAT				
TO TO USE USE TO		220.1 certify that (1) (this haspital saw the deceased alive an obove, (1) (we) (did) (did not) s		, 19, 19, apinio	, to, to	19, that (1) (we d hour and from the causes state				
		276 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN A								
TO HOSPITAL retained by the TO FUNERAL should be detain with the State to MPORTANT:		DE Castro	(mil)	900 CATO	N AVE. BALTIN	ORE, MD. 21229				
BP TO MW	()			AME OF CEMETERY OR CREMATOR	y 23d LOCATION	COUNTY STATE				
07		UPERIA UTON	1/0/00 56		ATE REC'D. BY REGISTRAR	The second secon				

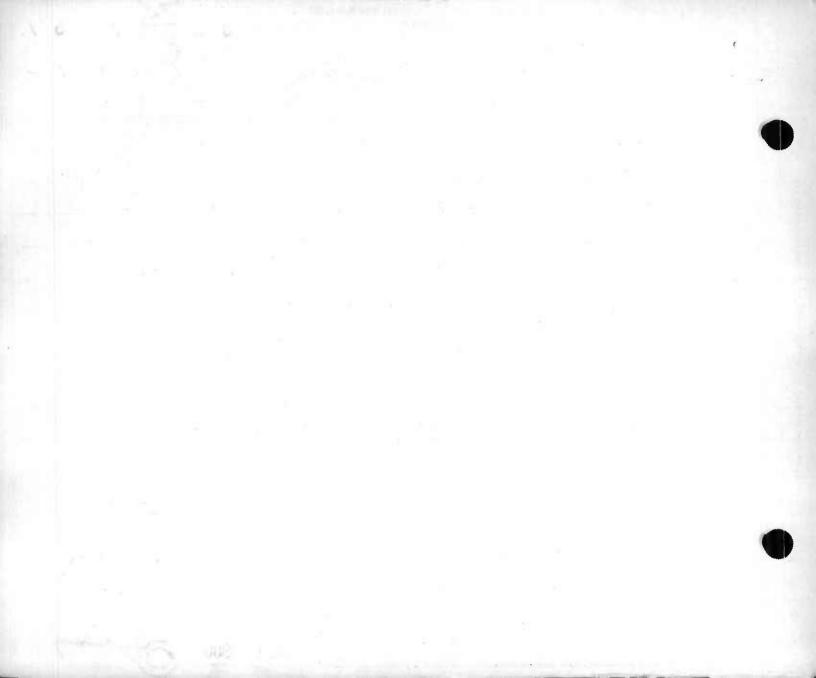
8 6 7 7 6 4 BALTIMORE' ST. ACHES HOSPITAL 2-2-Markey Coll o popular to

OTTO BROWLE OF SUSTINGE ST VEHER HOSBITCE The state of the s

1-	FOR STATE REGISTRAR		MEDICAL		O REG.		1	6	6			
	PE OR PRINT)	Sara	MIDDLE A.		Baker	0	TE KNOWN F ESTI- TH MATED		DAY	19 80	26. HOUR	
3 SE	x emale	RACE White	S. DATE OF BIRTH MONTH DAY 8 20 1935	6. AGE (IN YEARS IF UN LAST BIRTHDAY) MONT	NDER 1 YR. IF UNDER	24 HRS. 2c. D		MONTH	DAY		24 HOUF	
F	SIRTHPLACE (STA DREIGN COUNTRY) altimore	20 J. A.C. (II)	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 3. BALTIMORE CITY OR COUNTRY OR							TY OF DEATH		
10. C	Baltimo		11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) University Hospital Fairview Federal Sa							OR INDUSTRY		
13a. S	AL RESIDENCE (* STATE aryland	IN NURSING HOME OR 136. COUNT		E BEFORE ADMISSION) Y OR TOWN Stminster	13d. INSIDE CITY LIMITS? YES NO TO	ADDRESS Orothy Ave. We.						
14. F	ATHER'S NAME FIRST Henry		MIDDLE B.	Ulrich	15. MOTHER'S MAIDE Cathe	rine	WIDDIE		Burg	LAST ESS		
16a.	WAS DECEASED YES, NO, OR UNKNOW NO	EVER IN U.S. ARM		CIAL SECURITY NO. 3-32-8750	17. INFORMANT Lawrence C				-	Md. 21157		
7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 064TH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).											
CERTIFICATION	19a. DATE OF C	OPERATION	196. CONDITION FOR	WHICH OPERATION W	/AS PERFORMED?				1	AUTOPSY		
MEDICAL CERTII		OR G CAUSE OF D	116 TIME OF INJURY POWER AND MONTH	2 19 80 E	ow injury occurre			impact	PART 2}	YES 🔯	NO 🗌	
MED	21d. INJURY OF WHILE AT WORK		21e. PLACE OF INJURY STREET, FACTORY, FARM, E STREE	ETC)	CATION STREET 32 & Spri	ngfield	Ave.,		Carro		Md.	
	22a. I certify death resulted ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRIN	HAME Winn	e of the remains described about causes . Accident LOSIAL ginia L. Dola	Suicide	sy X. Inspectio Homicide TITLE (SPECIFY) ASSISTAN ADDRESS	Undetermine		ond in my , DAT SIGI	E NED	7/3/ t	′ 80	
230.8	BURIAL, CREMATI	ION, REMOVAL 23	7 7 7000	NAME OF CEMETERY C	DR CREMATORY	23d. LOCATIO		er Car	rol]	3/-1	TATE	
24.	NAME LE		Thomas D. Flanker, Westminster,	vestminster etcher & So Md. 21157	n F.H 250 DATE	8 1980	TRAR 25b.	GISTRAR'S	SIGNA	TURE		

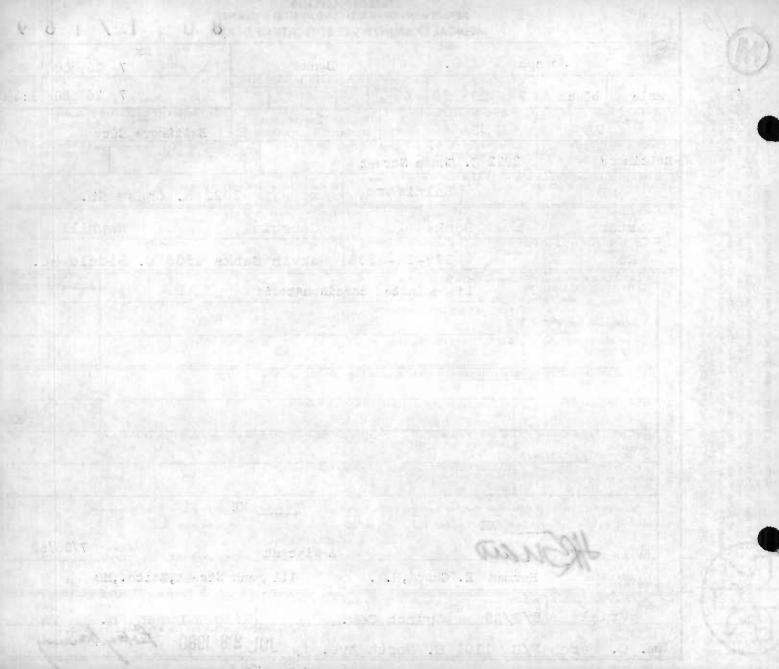
Markey Villa Series	1 3			11.0
				0.0 1
	The state of the state of			Probably Sail
		0.14 0.01	implesting	
T Dorothy ave. teet. 191.				an I had refu
	nturstati	deleti		Year
The second of the second				
Make Wiles Track	The State of	135 Y - 2 - 6 D		CONTRACTOR AND SE
dengei deter\om	is jo incenso.	10. 2. 3		
open filmschoo, swi kiel	ile d'arque 10 .	nat dan	e et es	
· ' :/	area black			
280220 FEB. TT.			. ginic	

	2	~	em 19b G5 FOR STATE REGISTRAR	46 8,	/20/80 =		ARTMENT OF	TE OF MARYL HEALTH AND FICATE OF I	MENTAL HY	SIENE &	3 0	1	7 1	6 7	
a 75		1 DEC	EASED NAME	FIRST ESS/		AIDDLE	-B+	LAST BALL	ASOHN	2a DATE C	REG. NO	7. /2		700 A	
ge 4 moy, be	0	3 SEX	FEMALE	4	RACE WH17	re	S DATE	OF BIRTH	1904 XXX	76	YEARS LAST BIRTH	YRS.	FUNDER I YEAR ONTHS DAYS	IF UNDER 24 HRS HOURS MIN	
dec 70	orence	cc	RTHPLACE (STATE OR FORE NUNTRY) RUSSIA		CITIZEN OF V	A	MARR	The same of the sa	NORCED	В	ORE CITY OF ALTIMOI	RE CIT	Ϋ́	M	
by the funding tiled within	nofified		Y OR TOWN OF DEATH BALTIMORE		I IF NOT IN SUC	INAI H	OSPITAL		TITUTION	(TYPE OF WO	OCCUPATION OF USEWIF	WORKING LIFE)	INDUSTRY AT	HOME	
AND 213 n 24 hau r filled in hauld be	ts /	13a S	MARYLAND	HOME OR OT	THER INSTITUTION, Y	BALTI	TOWN	YES XXX	NO D		ADDRESS BBLEST	APT. ONE CT	_	215	
, MARYL ited with ampletely	exomine		GILBERT		DOLE	FRUMA	N		S MAIDEN NA FIRST IDA		MIDDLE		LBERMA	Ň	
TIMORE To on and control of the secontrol of the secontro	the medico	ĮΥ	AS DECEASED EVER IN ES, NO OR UNKNOWN) NO		ED FORCES? (AR OR DATES)		0-8689	4502	DRESDE		N APREI	₩ ALTO.,		21208	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN The low requires that the death certificate be executed within 24 hours of attending physician. Wither this certificate has been signed by the attending physician and completely filled in by as the buriol-transit permit. Then please remove carbonapopers. Pages 1 and 2 should be filled in and Mental Hygiene prior to buriod, cremation, or removal.	rem 21 is marked or them 18 shows any injury, or ather to	Hygiene prior to burial, crem 18 shows any injury, or ather	NC	Conditions, if any, we gove rise to immediately cause 101, stating	the lost	DUE TO, OF	R AS A CONS	EOUENCE OF	POTIC		T D15	SEAS E		N IN PART 1	01
SION OF VITAL RECOR			them 18 shows any	CAL CERTIFICATION	190 DATE OF OPERATION 5/14/8 210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IN EITHER, NOTHY MEDICAL)	LYING	AXILL 216. TIME O	FINJURY MONTH	ORALG SYPASS	80	POPLITE	XXES 🗆	NOT	IN CERTIFYI YES	
ATTEND o hospital o RECTOR Hed for use		MEDI	21d. IN JURY OCCURRED WHAE NOT WHAE AT WORK 220.1 certify that (1) (1! saw the deceased above. (1) (we) (did 22b. SIGNATURE	nis haspital) attended the	e deceased f	19 80	211 LOCATI STREET		, to death accurs	CITY OR TOWN	2			
TO HOSPITAL Cretoined by the TO FUNERAL DI Should be detact	IMPORTANT. H	23a B	224 PHYSICIAN'S NAM DEF	SUF		e mp		22R ADDRES	41 Ho:	SP. 0	F BA	LTIME		ply 80	
BP		(5	BURIAL		7/13/ EVINSON			TH ISRA		R REC'D. BY	OSEDAL REGISTRAR 2	T F	BALTO.	MD STATE	
(VRA 15, 4)			6010 REISTE	RSTO	NN RD	RAI			1.701	191	980	Line	1		



. 10	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG CATE OF DEATH	IENE 8 0	17	168
eq.	1. DE	CEASED NAME FIRST OR PRINTS HARRY	Mil	BAN	1017	SON	7/20		EAR 26 HOUR 9 10 A
age 4 may	3. SE	$M_{ m ALE}$	4 RACE WHIT	re	S. DATE O	FBIRTH DAY 28 1894	4. AGÉ (IN YEARS LAST BIR		YEAR IFUNDER 24 HRS
deeith. P	70. Bi	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF W	SAF	WIDOWE		Baltimore City	Cuty	TH
by the fuel of within st be not	10 C	pat imace	11, NAME OF HO	PACILITY, GIVE STREET	ADDRESSIVE	ROTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	OF WORKING LIFE) INDU	IND OF BUSINESS OR ISTRY LECTRONICS
filled in uld be fil		AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN		IVE RESIDENCE BEFOR		134. INSIDE CITY LIMITS? YES O	3 GO	Fords.	#21215 Lane
ompletely and 2 sho	14 F/	LÖUIS	MIDDLE	BANDTTSO	N	13 MOTHER'S MAIDEN NAM	MIDDLE	ALTMA	N tast
e be exected an and consequently Pages 1:	16a V	VAS DECEASED EVER IN U.S. AR yes, no or unknown) (# yes, givi NO	MED FORCES? E WAR OR DATES)	40 SOCIAL SECT		17 INFORMANT MRS	THELMA THE	XXXXXXX-AP	05 CLARKS T. D1 #212 PPROXUMATE INTERVAL WEEN ONSET AND DEATH
requires that the deatl signed by the attendion please remove carb to burial, cremation, of injury, or other traur	Z	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR	AS A CONSEOU	ENCE OF	/ .	INAL DISEASE OR COM	IDITION GIVEN IN PA	ART 3(a)
: The law e has beer ene prior shows an	CERTIFICATION	19a DATE OF OPERATION	19b. CONDIT	ION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH?
PHYSICIAN ig physician. this certificat urial-transit p Mental Hygii		? g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		MONTH D	AY YEAR	21c HOW INJURY OCCURR			
ENDING PH or attending 18. After this e as the buri ealth and Miss is marked o	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE O (AT HOME, STREE	F INJURY IT, FACTORY, OFFICE,	FARM, ETC)	21f LOCATION STREET	CITY OR TO	wn coun	TY STATE
hospital or at DDIRECTOR: DDIRECTOR: thed for use as Dept. of Item 21 is a		270.1 certify that (1) (this haspi saw the deceased alive an above, (1) (we) (did) (did no 771 SIGNATURE	7/	20 195		d that in (my) (our) opinion of		226.	
TO HOSPITAL retained by the TO FUNERAL. should be detact with the State C		22d. PHYSICIANS NAME (TYPEO	RPRINT) -W/N)		ATTENDING PHYSICIAN E	GRAATI	CIAN	120/80
BP	23a. (BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	23b. DATE 7/22/			MEM. PARK	23d. LOCATION CITY OF JOWN RANDAL	LSTOWN BA	LTO. MD
72 OHMH-16 25M (VRA 15, 4) 1/79	24 F	UNERAL DIRECTOR SOL LI 6010 REISTERST	EVINSON OWN RD.	BALTO		21215 JU	REC'D. BY REGISTRAN	25b. RE- 1784 P. S. S.	medianty

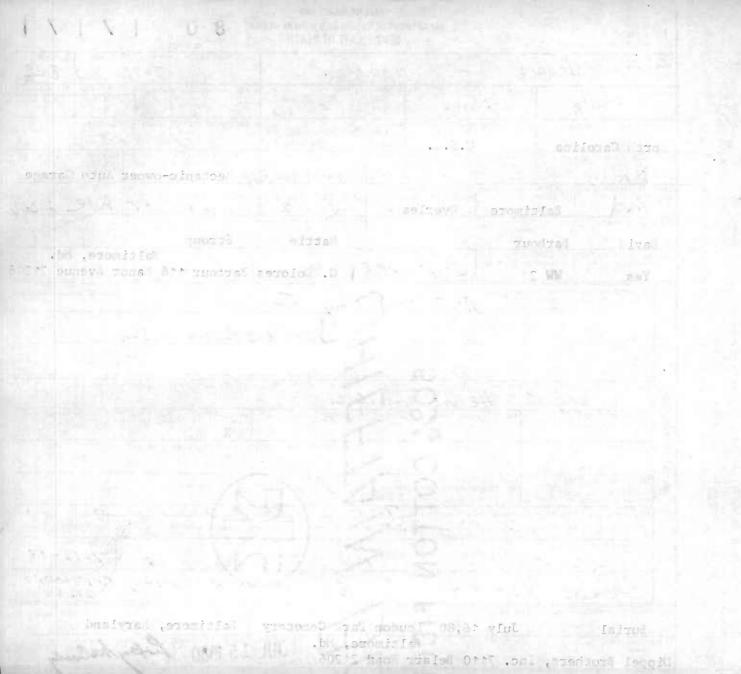
JUL 24 1980 Thousand States and



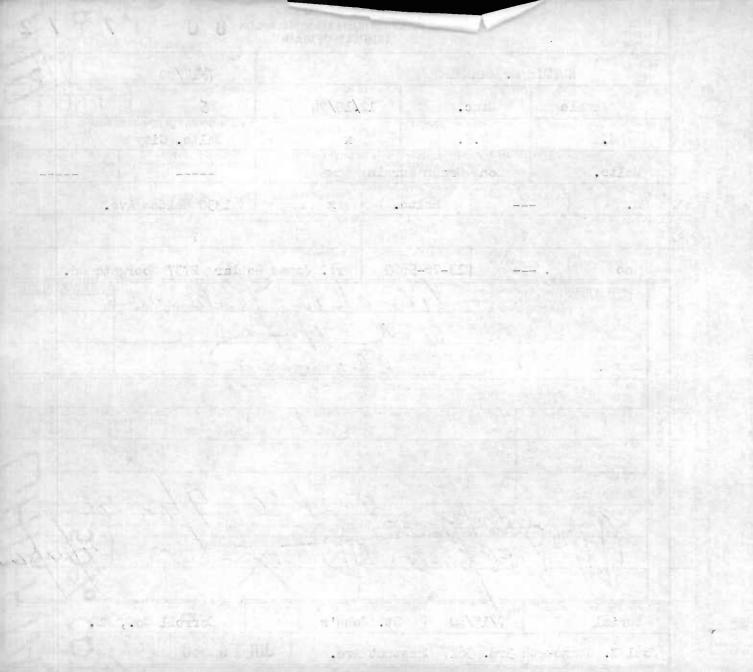
	1							AARYLAI							
10	11-	FOR STATE		September 1		TMENT OF					s n	1	7 1	7	Ω
		REGISTRAR				LEXAMIN	ER'S C		CATEC		REC	3. NO.		- 1	9
(PA)		CEASED NAM PE OR PRINT)	E FIRST		MIDDLE			LAST		[OF ESTI-	MONTH		YEAR 2	b. HOUR
YEAR			Sa	lvatore	Α.		Bar	bato			DEATH MATE	0 0 7	25 19	, 80	M
HOT OF	3. SE	X	4. RACE	5. DATE OF BI	RTH DAY YEAR	6. AGE (IN YE)			IF UNDER		C. DATE	MONTH	DAY		24 HOUR
DIRE DUR SN S	m	ale	white	1 1	2.0			HS DAYS	HOURS	MIN.	PRONOUNCED DEAD	7	25	,80	5:07
CESSARY, NERAL DIR FOR YOU VITHIN 72 PRESTON		PRTHPLACE (S	TATE OR	76. CITIZEN O	F WHAT CO	JNTRY?	8. MARR	IED W NE	VER MARR	IED []	. BALTIMORE CI	TY OR COU	NTY OF DE	ATH	
W >	7 1	New Yo	rk	US	SA		WIDOW	- A-	DIVORC		Baltimor	ce Cit	ty		MD.
THE FUED, 301 W.	10. C	ITY OR TOWN		11. NAME OF	HOSPITAL, N	URSING HOME	, OR OTH	IER INSTITU	TION	12a. USU.	AL OCCUPATION OST OF WORKING LIFE	(TYPE OF WORK	12b. KINE	OF BUSI	NESS
F ANY DELAY IS NAND BELAY IS NAND 3 TO THE FANDULD BE FILED.		Balti	more	Bal	timore	City H	ospit	a1		Mea	t Cutt	er	-	NOOSIKI	
21201 IF ANY DEL 3. RETAIN P SHOULD BE I RECORDS,		AL RESIDENCE	(IF IN NURSING HOME				ON)	113d. INSIDE C	ITV I MATECO	ha cros	ET ADDRESS				
P AND SHOUL		arylan		-	Be	altimor	e	YES X	NO [513	N. Ell	wood .	Ave.	. 21	205
D. 2. H. IF H. IF AL R	14. F	ATHER'S NAME						15. MOTH	R'S MAIDE						
A FESSON	C S	Salvat	ore	MIDDLE	Ba	arbato		Do	mini	ica	MIDDLE		(un	know	m)
A ~ ~ ~	160.3	MAS DECEASE	DEVED IN ILLS A	RMED FORCES?		OCIAL SECURITY	YNO.	17. INFOR			ADDI	RESS			/
BALTIMORE, RS AFTER DE . GIVE PAGES WITH FORM PAGES 1 AN DIVISION OF		Yes NO, OR UNKNO	(IF YES, GD	WAR OR DATES)	b97	7-05-30)24	Lill	Lian	Bark	oato, wi	fe.sa	me a	ddre	SS
			F DEATH (Enter o										APPR	OXIMATE IN	ITERVAL
		PARTIDE	ATH WAS CAUS	ED BY: A		sclerot:	ic ca	ardiov	ascul	ar di	isease		BETWE	EN ONSET A	NO DEATH
W. PRESTON ST. ED WITHIN 24 HO BENCIL, IN ITEM 1 BENUER LINDER 1 FIRANSIT PERMIT ENTAL HYGIENE, REMOVAL.	10	429	IMMEDI	ATE CAUSE (o) DUE TO	OR AS A CO	ONSEQUENCE (OF.					100-100			
THIN ER A		Conditia	ns, if any, which	h									100		
W. P.	7 7		se ta immediat stoting the unde		OR AS A CO	ONSEQUENCE ()F					3			
S, 301 W. PREST RECUTED WITHIN THE PENCIL IN ALL EXAMINER A BURIAL TRANSIT NND MENTAL HY NN, OR REMOVA		lying cau	ise last.												
L RECORDS, 301 ULD BE EXECUTE "PENDING" IN P EF MEDICAL EX. SED AS A BURRAL HEATH AND MI CREMATION, OR		PART 2 OTHER SI	GNIFICANT CONDITION	(c)	FATH BUT NOT R	FLATED TO THE TERM	INAL DISEAS	E OR CONDITIO	N GIVEN IN PA	PT 1 (a)					
BIVISION OF VITAL RECORDS, : S. CERTIFICATE SHOULD BE EXEC RITING THE WORD "PENDING" RED TO THE CHIEF MEDICAL F. 3 SHOULD BE USED AS A BU E. DEPARTMENT OF HEALTH ANI PRIOR TO BURIAL, CREMATION.	Z			72112											
PEN	MEDICAL CERTIFICATION	19a. DATE OF	OPERATION	19b. CC	NDITION FO	R WHICH OPER	ATION W	AS PERFOR	MED?				20. AU	TOPSY?	
TAL REAL HOULD RD "PEI CHIEF " USED OF HEAL CREAL"	7 5	2											YE	s 🗆	NO XX
CERTIFICATE SHOTTING THE WORD TING THE WORD TO THE CHE SHOUND BE UPENOR TO BE UPENOR TO PRIOR TO BE UPENOR TO BURIAL.	ER C	21a EXTERNA	AL CAUSE WAS		NE OF INJURY		21c. H	OW INJURY	OCCURRE	D (ENTER N.	ATURE OF INJURY IN ITE	M 18 PART 1 OR 6		0 0	THE WAY
SION OF RTIFICATI IG THE V TO TH SHOULD PARTMEN OR TO BU	2 4	UNDERLYING	OR CAUSE OF		A.M. MONT										
SHC 10 TO TO TO THE SHOOT SHOT SH	20	21d INTURY	OCCURRED		P.M. ACE OF INJUI	RY (ATHOME,	21f. LO	CATION							
DIVIS THIS CER WARDED PAGE 3 S TATE DER	A	WHILE	NOT WHILE AT WORK	STREE	T, FACTORY, FARA	A, ETC.)		STREET			CITY OR TOWN	c	OUNTY		STATE
		AT WORK	ATWORK					F					27.5		
0K F O 22 III	0	22a. 1 certi	fy that I taak cho	rge of the remoin	s described o	bove, held on	Autap	sy L.	Inspectio	- 1111	Inquiry,	ond in my	pinion		
EXAMINER CERTIFICAT JID BE FO DIRECTOR: WITH THE ARYLAND, 3		death result	ed fram: Nat	urol causes	X Accide	nt LJ, Su	icide	, Hami	cide !	Undete	rmined manner				
L EXAMINE E CERTIFICA OULD BE FO IL DIRECTOR H, WITH THE MARYLAND,		ACTUAL	117	V. 0	0			Assis	PECIFY)			DATE	7	/26/8	20
CALES THE C SHOUL SHOUL REALD		SIGNATURE	dik	HA	W		M	'PissTs	Canc	MEDI	CAL EXAMINER	SIGN	VED	72070	
DIE NOR	21	EXAMINER'S													
TO MEDICAL E. EXECUTE THE C. PAGE 4 SHOUL TO FUNERAL D. AFTER DEATH, V. BAITMORE, MA.		(TYPE OR PRI		Hormez		ard,M.D		ADDRESS_	111	Penns	CATION		e, Mp		
VAV EBSEAS	230.5	Burial, CREMA	TION,REMOVAL	23b. DATE		NAME OF CEA			ORY	CITY C	RTOWN	co	NTY	STATI	E
BP				7/29/8		Holly			25 DATE	DEC'D BY	Balto.	DECISTDAD'S	SIGNIATU	Md	-
DHMH - 17 (VR A15 ME (5))			hek Fu	neral 🗚	3331	Brehms	La	ne				KEDISIKAK S	A. A	NL.	
15AA 7/77		Home.			Balto	Md . 2	2121	3	1111	29	1980	coggoog/	KEUL	poly	

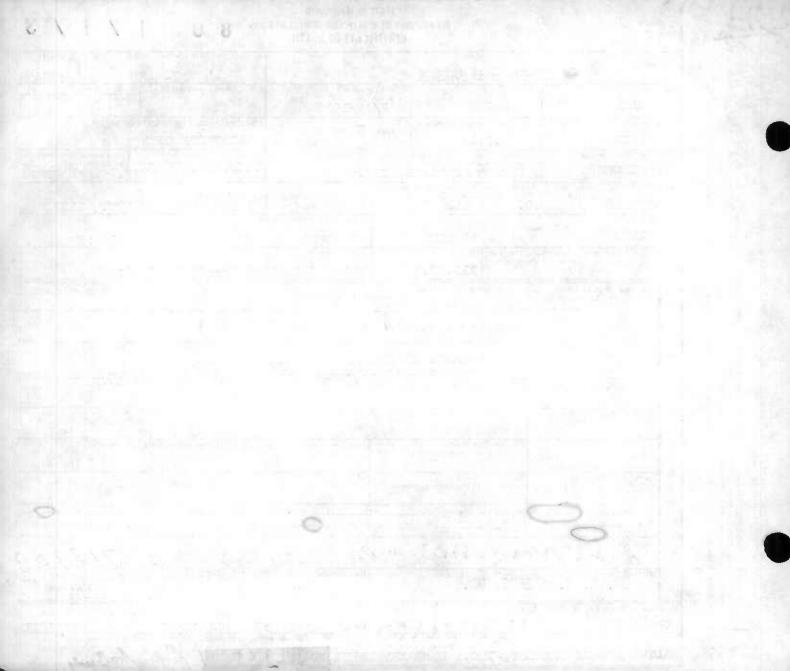


		FOR	DEDA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL H	IVEIENT O O 1	7171
	1-	STATE REGISTRAR	DEFA	CERTIFICATE OF DEATH	REG. NO.	
ŧ.		EASED NAME FIRST HORACE	MIDDLE -	BARBOUR		2 80 8 10 MM
after deat	3. SEX		RACE White	5. DATE OF BIRTH MONTH DAY YEAR 12		IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
		RTHPLACE (STATE OR FOREIGN 7b.	CITIZEN OF WHAT COUNTE	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	INGE
		TTH Carolina IY OR TOWN OF DEATH 11.	. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STE		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE	126. KIND OF BUSINESS OR INDUSTRY
p p p	USU/ 13a. S	L RESIDENCE (IF NURSING HOME OR OTH	13c. CITY OR TO	OWN 138 INSIDE CITY LIMITS	2 ILA STREET ADDRESS	- AUR 21201
o z should	14. FA	THER'S NAME FIRST MIDE		15. MOTHER'S MAIDEN	NAME	LAST LAST
6 (X)()	16a. W	David Barbou (AS DECEASED EVER IN U.S. ARMEI (ES, NO OR UNKNOWN) (IF YES, GIVE WA	D FORCES? 166 SOCIAL SI			timore, Md.
. Pages		Yes WW 2	216	10-725 G. Dolor	res Barbour 116 Mai	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rmit. Then please remave carb prior to burial, cremation, arr any injury, ar ather traumatic	ATION	gove rise to immediate cause (a), storing the underlying cause lost. PART 2. OTHER SIGNIFICANT CON CONCESSION 196. DATE OF OPERATION	in Alast	TO DEATH BUT NOT RELATED TO THE TILL TO THE TILL THE PERSONNEL TO THE TIL	20a AUTOPSY? 20b. IF YE	VEN IN PART 1(0) S, WERE FINDINGS USED FYING CAUSES OF DEATH?
Shows	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY			ES NO
riol-t entol	MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 214. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 21f. LOCATION		
nd M nd M	MED	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFF	FICE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
or use as the b thealth and A this marked or	MED	WHILE NOT WHILE 220.1 certify that (I) (this haspital) sow the deceased alive on) attended the deceased from	om	ion death accurred on the date and ha	19, that (I): (we) last
oched for use as Dept. of Health If them 21 is mark	MED	22a.1 certify that (I) (this haspital)) attended the deceased from	om	nion death accurred on the date and ha	19, that (I): (we) last
e detached for use as State Dept. of Health NT: If Item 21 is mark	MED	220. Certify that (1) (this haspital) sow the deceased alive on obove. (1) (we) (did) (did not) v 22b. SIGNATURE	ottended the deceased from the body after death.	om	on to 7 - /2 - 10 ion death accurred on the date and ha	19 7, that (I) (we) lost ur and from the causes stated 22c. DATE SIGNED 7-12-80
detached for use as ote Dept. of Health JT: If them 21 is mark	230.	220. Certify that (1) (this hospital) sow the deceased alive on obove. (1) (we) (did) (did not) v 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR PR GEORGE	ottended the deceosed from the body ofter death. Common of the body ofter death. Common of the	om	ion death accurred on the date and has been death accurred on the date and has been death accurred on the date and has been death accurred by the date of the date	19 SV, that (I) (we) lost or and from the causes stated 22c. DATE SIGNED 7-12-80 APLITIMOR E 2/13 9



oy be	1.	STATE REGISTRAR DECEASED NAME FIRST		ENT OF HEALTH AND MENTAL HY	0 0	1 / 1 /
oy be		DECEASED NAME FIRST		CERTIFICATE OF BEATTI	REG. NO.	
oy be	. (1		MIDDLE	LAST	20 DATE OF DEATH M	ONTH DAY YEAR 216 HOUSE
6 600		YPE OR PRINT) NETTI	E E. BARNHART		7/12/80	1//2
E (9 9	3.	SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHO	
4 96		Fenale	Cauc.	MONTE /10/94 YEAR	85	YRS. HOURS
deoth Poun 72 houn 72 hou	70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR Balto.	
s ofter d	10	Balto.	11. NAME OF HOSPITAL, NURS INC (IF NOT IN SUCH FACILITY, GIVE STREET A Long Green Nu	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATIO	
24 hour	S 13	SUAL RESIDENCE (# NURSING HOME OF STATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY	I 136 INSIDE CITY LIMITS?	13e STREET ADDRESS	don Ave.
mplerely ond 2 sh	D 14.	FATHER'S NAME FIRST	MIDOLE LAST	15 MOTHER'S MAIDEN NA		LAST
e execute n and cor Poges I	160	WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES IN SOCIAL SECUR E WAR OR DATES) 213-76-54	Mrs James	ADDRESS	Moorgate Rd.
equires that the death n signed by the attend Then please remave co r to buriol, cremotion, o	N. C.		DUE TO, OR AS A CONSEQUE (C) CONDITIONS CONTRIBUTING TO D	NCEOF LILE MILE EATH BUT NOT RELATED TO THE TERA	MINAL DISEASE OR CONDI	ITION GIVEN IN PART 1(0)
an. hos beer t permit. ene prior	CEPTIEICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH (OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
SICIAN: The ng physicic certificate uniol-tronsit tem 18 sho	7	OR CONTRIBUTING CAUSE OF BE	HOUR A.M. MONTH DA		RED (ENTER NATURE OF INJURY	IN ITEM 18, PART I OR PART 2)
ING PHYS r attendin After this c os the bur Ith and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	(RM, ETC.) 21) LOCATION STREET	CITY ON 10WY	COUNTY ST.
OK ATTEND ne hospitol o DIRECTOR: A oched for use Dept. af Hea		sow Are deceased alive pr	tal attended the decessed from construction of the state	, and that in (my) (our) opinion ATTENDING PHYSICIAN	death accurred on the date	22. DATE SIGNED
T te t		and the second s	1100			- flore
TO HOSPITAL retoined by th TO FUNERAL should be detre with the Store IMPORTANT:		22d. PHYS. BANES NAME TWO		11 ADDRESS	1	11





ALID BOUNTING SALTIMORE ST NEWES HOSPITAL SEC

DB - 3V-7 PRINCE ALLERY DAVIS

Proceedings of Mary A. . . . BALLIEUE CITY

BALTIONE UNION REMOVED HOSFITAL

September 1 State of the State

maryland Lastonia with and a war dat first held

JATIGOT LABOURE 1050 ... U.O. DELOTAL MOSPITAL

LINEAR SHERMAN WENGER CHART COMPANY THE BELL IS

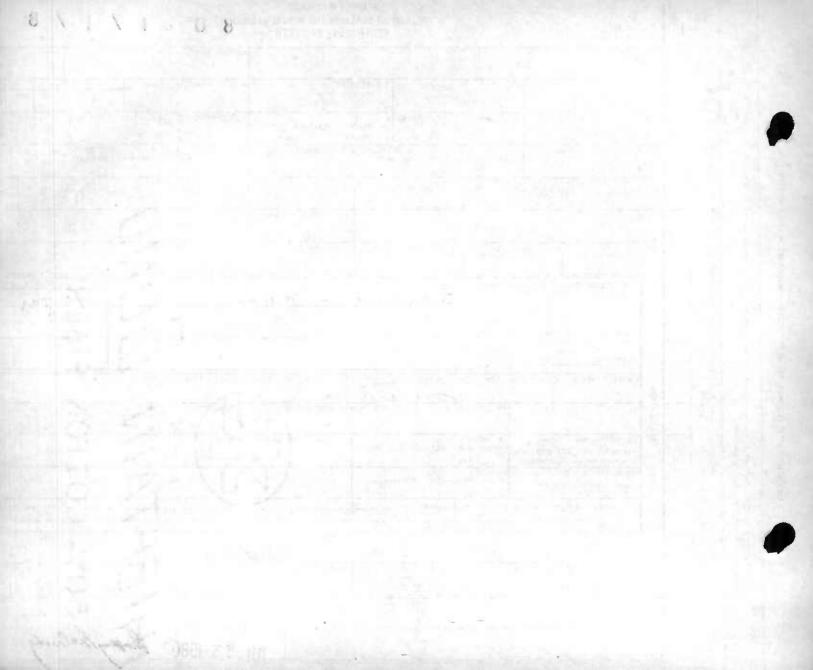
1	1.	FOR - STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLA EALTH AND M ICATE OF D	IENTAL HYGI	0)	171	7 6
- (CEASED NAME FIRST		MIDDLE		AST		RE- 2e. DATE OF DEA	G. NO. TH MONTH		2b. HOUR
	(14k)	TROY		н.	BASE	MAN			7	30 80	1:401
A 1	3 SE		4 RACE		5. DATE C			AGE (IN YEARS LA	ST BIRTHDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS
5 /		Female	Whit	e	OCT		1905	74	YR		HOURS MIN
35		IRTHPLACE ISTATE OR FOREIGN OUNTRY Maryland		WHAT COUNTRY?	MARRIE WIDOWE	D NEVER M	ARRIED [BALTIMORE CI			MC
14	10 C	ITY OR TOWN OF DEATH	11. NAME OF I	HOSPITAL, NURSIN THE FACILITY, GIVE STREET	IG HOME C	R OTHER INST		12a USUAL OCCU	JPATION OST OF WORKING	126. KIND OF	BUSINESS OR
16.	LIST	BALTIMORE AL RESIDENCE (IF NURSING HOME O		MEMORIAI		ITAL		Weav	eT.	100000	II MALALE
36	13a	STATE 136 COL	INTY	Baltimo	'N	134 INSIDE CI	TY LIMITS?	134. STREET ABOR	Chest	nut Avenu	e
20	14 F.	ATHER'S NAME FIRST William Rees	MDDLE Se Hall	LAST			MAIDEN NAM Olivia	A4101	DLE	LAST	
		WAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	IRITY NO.	17 INFORMAN			DDRESS		
	(no	AE MAK OK DATES!	215 10	1105	Shirl	ey Fair	830 W.	33 rd	Street	
		18 CAUSE OF DEATH (Enter of PART DEATH WAS CAUSED IN MEDIA 4599 Conditions, if any, which gove rise to immediate	ATE CAUSE (a)	Inefor (0), (b), on WMDNAR RAS A CONSEOU	7 0	BOLKS	ar W	JA/09ADO	INFARTI	10% SW	AATE INTERVAL NSET AND DEATH V
2	CERTIFICATION	PART 2 OTHER SIGNIFICANT Congestive her	conditions conditions conditions	e chroni	C ODS	tructive N WAS PERFOR	lung di	ZOO AUTOPSY?	SCVD 206. IF IN CEF	YES, WERE FINDIN RTIFYING CAUSES (YES []	GS USED
100	1 100	21a ACCIDENT WAS UNDERLYING	216. TIME C	F INJURY		21/ HOW IN	IURY OCCURRI	D (ENTER NATURE O	E INJURY IN ITEM		
7		OR CONTRIBUTING CAUSE OF D			AY YEAR	710 110 11 111		D (EIGHER INAIORE O		18, PART TORPART 2	
7	MEDICAL CE		R) P.	M. N/A	19	211 LOCATIO STREET	N/A.		ORTOWN	COUNTY	STATE
PORTANT: If Item 21 is marked or Item		OR CONTRIBUTING CAUSE OF D (IF EITHER, NOT IFY MEDICAL EXAMINE 214. IN JURY OCCURRED N/ WHILE NOT WHILE	P. 21e PLACE (AT HOME, STI	M. N/A OF INJURY OF INJURY N/A e deceased from 19 8	19 FARM, ETC JULY BO . or	211 LOCATIO STREET 26 and that in (my) IDEGREE A p	N/A. N/A. 19 80 (our) opinion d TTENDING HYSICIAN	cirro	ORTOWN V 30 the date and	22c. DATES	hot (I) (we) las

ena ena de la companya de la company AKTITAOH MADOWAN BOING SHOKIT AG Simple Juntages 2125 ALEH eases mirain CAS IN LIKE Shirt op tain thun Is rd street //c" Dallatory Valley ... Couley, all Latte. Set THE STREET FORCE JOST FRIES SOUR SIZE AUG 1980 A SPRING STREET

		FOR			DEPART		TE OF MA			GIENE						
1	1-	STATE REGISTRAR		M			IER'S CE			- A	4 0	REG. NO	1 7	7	7	7
		CEASED NAM		-1-1	WIDDLE		LAS	51	1.	20	DATE KN	OWN XX		DAY	YEAR	26. HOUR
SE COR IS.	3. SE	,	4. RACE	nklin	G.	L. COR.		Basta			DEATH M	ATED [7 MONTH		80	M
± 50 Z		ale	White	S. DATE OF BIRT	Y YEAR	LAST BIRTHE			HOURS 1		D'ATE ONOUNC DE AD	ED	7	3 ₁₆	YEAR RO	2d. HOUR 5:20.F
Size of the state	7g. B	RTHPLACE (S		76. CITIZEN OF	WHAT COUN		RS.	15 NEV	ER MARRIE	9.	BALTIMO	RE CITY O	R COUN			D.240
			and	(SA		WIDOWED		DIVORCED		Ba1	timor	e Ci			MD.
LAY IS O THE PAGE F FILED.		ty or town ltimore		11. NAME OF H	OSPITAL, NU FACILITY, GIVE S TSITY	RSING HOM TREET ADDRESS)	e, or other	INSTITUT	ION 1	12a. USUA	T OF WORKIN	G LIFE)	1	12b. KIND OR IN	OF BUS IDUSTR	INESS
RD N N	USU	L RESIDENCE	IF IN NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISS	ION)						1	1 con	וזפני	
F A AN REC	**	Kinglere	INDE TOUNT	Cary	6-1-	or town		YES [NO W	STREE!	3 G-18	in Ote	hi le	ا رسون		
MD. ATH.		FRON L	Um C.	13:51	SI	LAST 2		Tu	R'S MAIDEN Exteld		MIDD.	R, H	ek	LAS	T	
, BALTIMORE, UNS AFTER DE. 8. GIVE PAGES WITH FORM I. PAGES I AN DINISION OF		VAS DECEASEI	WN) (IF YES, GIVE V		218			INFORM		Bard		ADDRESS 79271	63	519	st.	
ST. NE I		18. CAUSE O PART I DE	F DEATH (Enter only ATH WAS CAUSED	y one couse per l BY: M E CAUSE (o)	ine for (o), (b)	e inju	ries w	ith	comp1	licat	ions			BETWEE	OXIMATE I	NTERVAL AND DEATH
W. PRESTON D WITHIN 24 PENCIL IN ITE AMINES IN ITE -IRANSIT PER FINTAL HYGIEI REMOVAL.			is, if ony, which	DUE TO, (b)	OR AS A CON	ISEQUENCE	OF									
OTED V N PEN EXAMI RIAL-TR			stoting the under-	< , , , , , , , , , , , , , , , , , , ,	OR AS A CON	ISEQUENCE	OF					4			H	
SA BE SE	NO	PART 2 OTHER SI	GNIFICANT CONDITIONS C		TH BUT NOT RELA	TEO TO THE TERM	AINAL OISEASE OR	CONDITION	GIVEN IN PART	1 (a).						
▼ OUIUFU	CERTIFICATION	19a. DATE OF	OPERATION	19b. CON	DITION FOR	WHICH OPE	RATION WAS	PERFORA	AED?					20. AUT		NO 🗆
DIVISION OF VITAL S CERTIFICATE SHOL RITING THE WORD " ROED TO THE CHE E 3 SHOULD BE USI E DEPARTMENT OF I PRIOR TO BURIAL, C	AL CERT	UNDERLYING	OR CAUSE WAS	HOUR A	OF INJURYM. MONTH	PAY YEA	21c HOW		occurred f parl					ART 2)		140
DIVISIC E, WRITING RWARDED T PAGE 3 SH STATE DEPA	MEDICAL	214 INDITIDY	CCURRED	21e PLAC	E OF INJURY actory, farm, E ad sho	(AT HOME,	21f. LOCA	TION	and 1		ITY OR TOWN		со	ounty Mont (STATE MD
CARR.	-	22a. I certif	y that I took charge			ve, held on	Autopsy	XX	Inspection	<u> </u>	Inquiry [l in my o			
ICAL EXAMINER: 1 THE CERTIFICATE, 5 HOULD BE FOR EARL WITH THE S. PRE, MARYLAND 21		deoth resulte	A Trom: Noty	Coures L.	Accident	<u>L</u> AIA. Si	icide 🔲,	Homici	ecify) stant		nined monn	- 0	DATE	7,	/4/8	0
054700		SIGNATURE _ EXAMINER'S (TYPE OR PRIN	NAME HO	ormez R.	Guard	,M.D.	M.D.				Stree		SIGNE	ED		
TO P EXEC PAGE BALTE	d (5		JON,REMOVAL 23	b. DATE 7-8-80	23c. h	AME OF CE	METERY OR C	100		23d. LOC		e.	Edin.	سے اللہ	STA	0
BP		JOYERAL DIRECT		2 121		ner A	المال	-		C'D. BY RE	GISTRAR	25b. REGIS	TRARIS	JGNATUR	7.	
15M 7/77		1	10	1 1-1	*	. 4	- (

V V I V I V I V I V I V I	
The History and the Samuel Committee of the Samuel Com	Similar of the second to
and the state of t	The gard and the second of the second
AH A HE SOLVE	A 31.5 31.5 31.5 31.50
facts of federal codes for the de-	
	Chestros Confirmi de la companya de la confirmi
7/4/19	
ter and seconds return a cuest	
	MARLOW CONTRACT

10	1-	FOR STATE REGISTRAR		DEPARTI	MENT OF I	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENES O 1 7	178
e ω ξ		CEASED NAME FIRST OR PRINT) OLI TIT		MIDDLE		DATE O	20. DATE OF DEATH MONTH D	20. 1100K
90		SHIF		9 11		BATES		2 80 M
ENTE.	3. SE	K EMALE	BLACK		S. DATE (FUNDER I YEAR FUNDER 24 HRS
82		RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF US	WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED D	9. BALTIMORE CITY OR COUNTY CITY	OF DEATH MD.
os ofter de by the fur filed within		TY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSIN HEACHITY, GIVE STREET BRYANT AL	IG HOME (OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE NURSE	126. KIND OF BUSINESS OR
hours hours be fill	USU	AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION.		E ADMISSION)	113d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
YLAND 2 ithin 24 h rely filled 2 should b	MA	RYLAND		BALTIMO		YEXX NO 🗆	2103 BRYANT AVE	
MARYLAN Ted within Sond 2 sho		THER'S NAME FIRST	MIDDLE	YLER LAST		15. MOTHER'S MAIDEN NAME	ME MIDDLE PARHI	AM LAST
MORE, MA		VAS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDRESS	
LTIM ion o rs. Po						MAE MYLER	2103 BRYANT AV	
ST., BALT certificate the physicio bonpapers r removal.		18. CAUSE OF DEATH (Enter o PART I. DEATH WAS CAUSI IMMEDIA	nly one couse per ED BY: TE CAUSE (o)	Inglor (o), (b), on	d(c1.)	Ashun		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death cert offending ove corbo		4939	DUE TO, O	R AS A CONSEQUI	ENCE OF			
W. PR		Canditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, O	R AS A CONSEQUE	NCE OF			
PRDS, 301 W requires that an signed by Then please reto buriol, cr	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT		INAL DISEASE OR CONDITION GIVE	N IN PART 1(o)
ow req	ATIO	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED
AL REC	CERTIFICATION							FING CAUSES OF DEATH?
N OF VITA		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH D		21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18, PA	RT 1 OR PART 2)
VISION OF VI	MEDICAL	21d. INJURY OCCURRED	21e PLACE		ARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		220. certify that (I) (this hasp	ital) attended th	e deceosed from_	Ma	4 19 7	to April	9 80, that (I) (we) last
of H		sow the deceased alive or above (I) (we) (did) (did no	ot) yiew the body	after death.	80.0	nd that in (my) (our) apinion (death occurred on the date and hour	and from the causes stated
Che he		22b. SIGNATURE	ndoe	decie	1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7 23 80
TO HOSPITAL or retoined by the TO FUNERAL Is should be detoined the Store of IMPORTANT: #		22d. PHYSICIAN'S NAME (TYPE		lgeier		22e ADDRESS	unth sil n	1 2/2/211
1 Part of Start	23a. E	SURIAL, CREMATION, REMOVAL		230 1		EMETERY OR CREMATORY	236 LOCATION	to. Mardiall
1507	9	SURIAL				MEM. CEMETERY	STONEY CREEK	VIRGINIA
DHMH-16 60M 1/73		UNERAL DIRECTOR	7.42/0	ADDRESS	-3412	25a. DATI	The second secon	and Kelledo
(VR A 15 (4))	LL1	ZABETH L. PH	ILLIPS	1721-	27 N	. MONROF III	2 8 1980	/ /

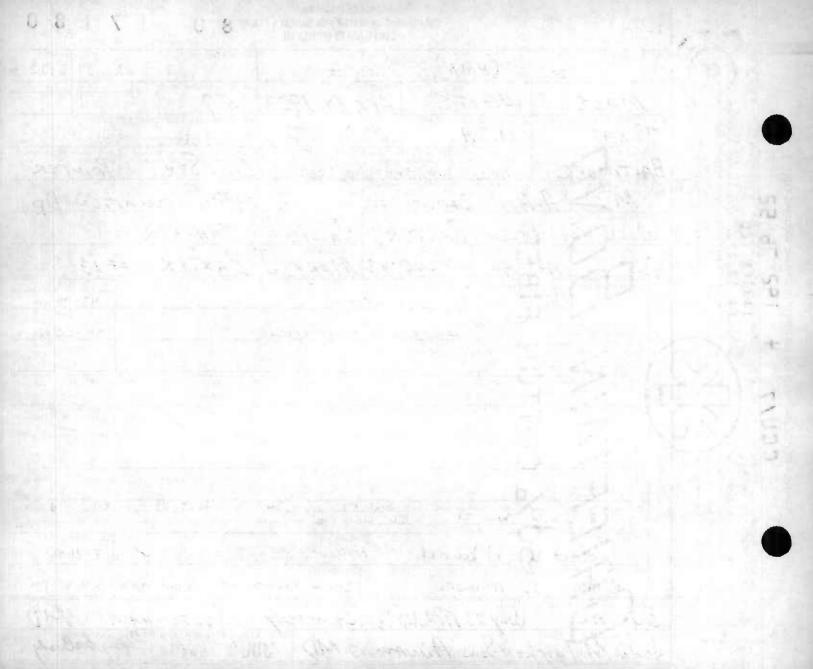


HUBBARD FUNERAL HOME 4107 WILKENS AVE. MD.

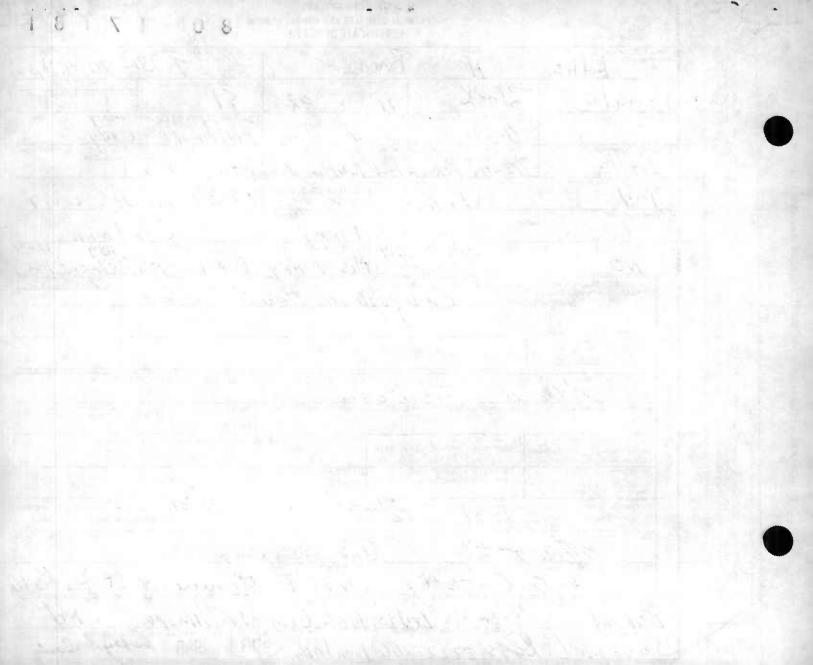
(VR A 15 (4))



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DECEASED NAME 2n. DATE OF DEATH MONTH 7h HOUR LTYPE OR PRINTS 21 80 3:13 Ted Baxter 3. SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS DAVE 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH (STATE OR FOREIGN MARRIED NEVER MARRIED Baltimore City WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR CITY OR TOWN OF DEATH (THE OF WORK FO MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDOSTRY JER IVIL Johns Hopkins Hospital MARYLAND 2120 USUAL RESIDENCE LIFNURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI CITY OR TOWN 13d. INSIDE CITY LIMITS? AVIDSONVILLE YES T 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Q. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT 16a. WAS DECEASED EVER NO OR UNKNOWN APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: CARDIOGENIC SHOCK 43-48 hrs. IMMEDIATE CAUSE (a) PRESTON DUE TO OR AS A CONSEQUENCE OF 55 -60 hrs Conditions, if any, which MYCCARDIAL INFARCTION gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, CERTIFICATION 20h. IF YES, WERE FINDINGS USED 190. DATE OF OPERATION 20a AUTOPSY? 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO [NO ransit p Hygien 210 ACCIDENT WAS UNDERLYING 216 TIME OF IN JURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YFAR OR CONTRIBUTING CAUSE OF DEATH Hem MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21f. LOCATION ö 21e. PLACE OF INJURY STATE CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE AT WORK JULT 19 30 7012 22a I certify that (14 (this hospital) attended the deceased from. 15 XV. 80 saw the deceased alive an and that in (our) opinion death occurred on the date and hour and from the causes stated abave, (we) (did) (the not) view the body after death. 22b. SIGNAL JRE DEGREE 22c. DATE SIGNED 40-ATTENDING MEDICAL MID 21.80 FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 224 PHYSICIAN'S NAME (TYPE OR RINT 22e ADDRESS ith the JOHNS HOPKINS HOSPITAL GOI WI BROADWAY 140BERT MANDEL 0 23c NAME OF CEMETERY OR CREMATORY 23d. LOGATION 236. BURIAL, CREMATION, REMOVAL 236. DATE ELTENHA 9.METER 256. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATUS DHMH-16 30M 2/80 (VRA 15, 4)



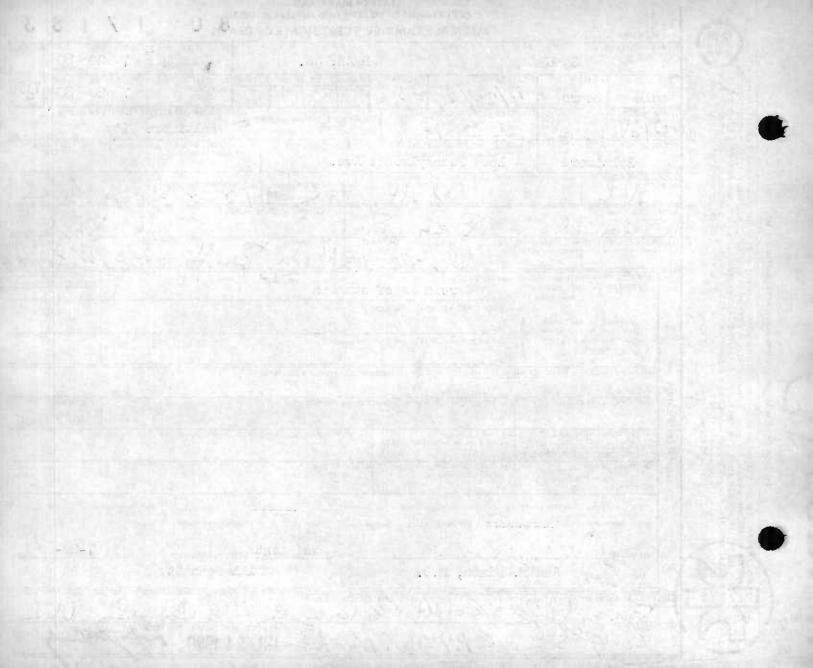
16.11			STATE OF MARYLAND	n
X		FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HY	TGIENE 8 0 17 18 1
10		REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
No.	1 DE	CEASED NAME FIRST	MODIE BATAL S.	26 DATE OF DEATH MONTH DAY YEAR 28. HOUR
THE STATE OF THE S	3 SE	Ettic	RACE S DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 MRS
	Ï	Emale/	Block MONTH DAY 98	MONTHS DAYS HOURS MIN
de la		RTHPLACE (STATE OR FOREIGN)	A CITIZEN OF WHAT COUNTRY?	- Elliviniani I inter
Photos Photos	10 C	BA +	11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION	12e USUAL OCCUPATION (TYP) OF WORK FOR MOST OF MORKING LIFE) 170 KIND OF BUSINESS OR (TYP) OF WORK FOR MOST OF MORKING LIFE)
No. 120 Per 120	USU.	AL RESIDENCE (IF NURSING HOME OF	ORGATEL FRONT A THE NULLSING HOP	na Homemaker
AND 24 hin 24	13r	Mg. IB COUNT	TY BAHO, 131 INSIDE CITY LIMITS?	13. STREET ADDRESS NORTH AUE 21217
ompletely and 2 she	14. F.	THER'S NAME	IDDLE LAST SEES TO MATHER'S MAIDEN N	MIDDLE CHARLANT
e be execu		VAS DECEASED EVER IN U.S. ARM		ADDRESS 3109 21216
MALTIN Fricate I Ysician Pers. Pe oval.	-		y ane cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL APPROXIMATE INTERVAL BY TWEEN ONSET AND DEATH
		PART I DEATH WAS CAUSED	BY. Paragast Ha	or of Jose Pero-
N S Ith c ding bon or r r uma		AL Q	DUE TO, OR AS A CONSEQUENCE OF	
		Canditians, if any, which	(b)	
W. PRES that the by the att se remove it, crematin, or other		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	
5, 201 equires rigned n pleas injury,		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
aw re aw re seen si Then so any i	ě	Atr	cal Febrillotion	
The last bermit shows	CERTIFICATION	1% DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
OF VITA // SICIAN hysician. certificat :transit p ntal Hygia	S.	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		JRRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
) > E 0 = c - /	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19	
Sign din	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE	21R PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.] 211 LOCATION STREET	CITY OR TOWN COUNTY STATE
NOIN attendatendatendatendatendatendatendaten		AT WORK		7. 31. (2)
TTE TOF		220 certify that (1) (this haspite saw the deceased alive an_	O 1	in death occurred an the date and hour and from the causes stated
DIRECTOR AT ITEM PROPRIETOR PORT OF THE PO		abave, (1) (we) (did) (did nat)	view the body after death. DEGREE	224. DATE SIGNED
	1	11991	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN
TO HOSPITA regained by the regained by the should be deta with the State		22d. PHISICIAN S NAME (TYPE OR	PRINT) CROSCEY 1235 F.	Monureux St Balls HA
BP	23o.	SURIAL, CREMATION, REMOVAL	236 DATE 23C NAME OF CEMETERY OF CREMATORY	234-toCATION COUNTY SHITE
	24 F	JNERAL DIRECTOR	D 250 DA	ATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
DHMH-16 25M (VRA 15, 4) 1/79		OSEPh Lil	KYSS 2222- ZGW NORTHAN	AUG 5 1980 Linky Melling



4 53	1-	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HYGI ICATE OF DEATH	IENE 8 0	. !	7 1	8 2
	I. DEC	CEASED NAME FIRST		MIDDLE	ı	AST	20 DATE OF DEATH	MONTH DA	Y YEAR	26. HOUR
nay be page 3	,,,,,	FREDE	RICK .	ALEXANDE	R BEA	V		7 7	80	14723:15
may,	3. SE	X	4 RACE		5. DATE C		& AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS
	133	MALE	W	HITE	MONTH 8	27 36	43	YRS.	UNIHS DATS	HOURS MIN
重 联新 】	7a BI	RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF	WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH	
图 在 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图	A Comment	ASHINGTON	U.S.	Α.	WIDOWE		BALTIM	ORE		M
by the to		BALTIMORE	(IF NOT IN SUI	HOSPITAL, NURS CHEACILITY, GIVE STRE C BALTIM	ET ADDRESS)	ARYTAND	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O PAINTER		126. KIND O INDUSTRY CONTRA	F BUSINESS OF GENERA ACTING
4 PO	USU/	AL RESIDENCE (# NURSING HOME COTATE 136 COU		N, GIVE RESIDENCE BEFO		134 INSIDE CITY LIMITS?	13e STREET ADDRESS			-
S SECTION			LTO.	BAKTE		YES NO IX	22 POR	TSHIP 1	CAOS	21222
and with different differe)4 FA	THOMAS ALE	MODIE EXANDER	DUNDA BEAN	LK)S. MOTHER'S MAIDEN NAM FIRST	WIDDIE		BENDE	
10 00 00 00 00 00 00 00 00 00 00 00 00 0	Ián V	VAS DECEASED EVER IN U.S. A		166 SOCIAL SEC	URITY NO.	LYDIA 17 INFORMANT	MARIE	ESS	DENDE	713
and day		YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)		٥614	LYDIA M. WEB	STERSAM	E AS 1	30	
ficate ysician pers. P oval. event.		II CAUSE OF DEATH (Enter of	REAN							MATE INTERVAL DINSET AND DEATH
aw requires that the een signed by the at Then please remove to burial, cremationy, or other	NOI	cause 101, stating the underlying cause last PART 2 OTHER SIGNIFICANT	(c)	OR AS A CONSEO		NOT RELATED TO THE TERMI				
The L	CERTIFICATION	19a DATE OF OPERATION	196 COND	DITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	YES NO		WERE FINDING CAUSES	
PHYSICIAN: Than physician has this certificate ha urial-transis permurial-transis permunial-transis pe		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINEI	EATH HOUR A	OF INJURY I.M. MONTH	DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PAI	RT I OR PART 2)	
NDING PH attending 3: After thi as the buri elth and Mi	MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFIC	E, FARM, ETC.)	ZIT LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
hospital or a DIRECTOR: shed for use as Dept. of Heal		270 I certify that (X (this has sow the deceased alive a above, 45 we) (did) (did) (27b. SIGN)	Pase	V 7 19	_80 or		, to	FF \		
TO HOSPITAL retained by the TO FUNERAL should be detac with the State IMPORTANT:		324 PHYSICIAN'S NAME (TYPE BRUCE	Ros	SENBER		LOCH RA	VEN VA	Hos	P. B	ALTO, 1
1/2	(BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		COUNTY	STATE
BP		JRIAL	7/9/1	980	OAK LA	NN CEMETERY	BALTIMOR			RYLAND
DHMH-16 25M (VRA 15, 4) 1/79		UNERAL DIRECTOR NAME ALTER BROOKS BE	PADT.FV	ADDRESS	NDAT.K	1 88 31	REC'D. BY REGISTRAR	10.	4 McC	

2 6 6 1 1 0 8 Total made of and the state of managerine

100	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H	YGIENE	
m	STATE REGISTRAR	EDICAL EXAMINER'S CERTIFICATE O	M 11 1 /	183
	ECEASED NAME FIRST PE OR PRINT) SAMUEL	BEAN, JR.	20. DATE KNOWN X MONTH OF ESTI- DEATH MATED 7	20 19 YEAR 26. HOUR
3	A RACE S. DATE OF BIRTI	YEAR LAST BIRTHDAY) YEAR AGE (IN YEARS IF UNDER 1 YR. IF UNDER 1	DDONIOUNICED -	20 80 7 150
0	HADRINA U.	WHAT COUNTRY? 8. MARRIED NEVER MARRIED DIVORCE DI	ED D Baltimore City	MD
	Baltimore 1804	ospital, nursing home, or other institution - Rennsylvania Ave.	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
13	AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, STATE) 13b. COUNTY	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS & easy	Air
D	ATHER'S NAME SIRST MIDDLE MIDDLE	Beins Sr. 15. MOTHER'S MAIDE	WIDDIE	Diste
161	WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	166. SOCIAL SECURITY NO. 17 INFORMANT	Bule 2501	W. Prott
	Conditions, if any, which gave rise to immediate (b)	Carcinoma of stomach R AS A CONSEQUENCE OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAD	H BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PAI	₹ 1 (a).	
	190 DATE OF OPERATION 196. CONE	OITION FOR WHICH OPERATION WAS PERFORMED?	BENGER BY	20. AUTOPSY? YES NO NO
3	CONTRIBUTING CAUSE OF DEATH P.	M. MONTH DAY YEAR M. 19	D (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART	7 2)
		OF INJURY (ATHOME, 21f. LOCATION STREET	CITY OR TOWN COUN	NTY STATE
	220. I certify that I took charge of the remains of death resulted fram: Natural causes , ACTUAL SIGNATURE	escribed above, held an Autopsy , inspection Accident , Suicide , Hamicide , TITLE (SPECIFY) Assistan	Undetermined manner ,	7-20-80
2	EXAMINER'S NAME Ann M. Dixo	ADDRESS	111 Penn St.	
	HIRIAL CREMATION REMOVAL 23 POATS	234 NAME OF CEMETERY OR CREMATORY	23d JOCATION	Wil
24	UNERAC DIFFECTOR	17/7 10 M N DATER	REC'D. BY REGISTRAR 156 HER THAN SAN	Hallway

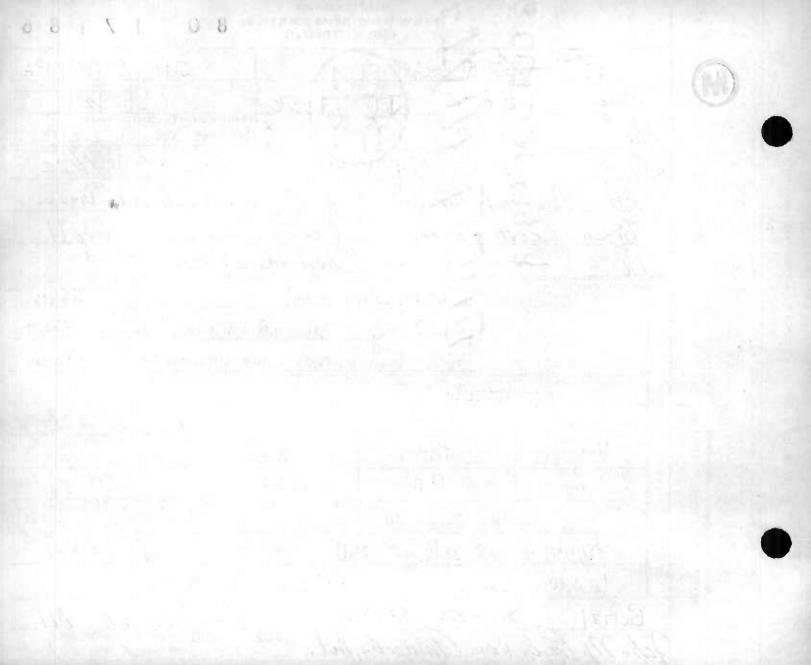


		7013	
			- Committee
of AS-Tips not a			
And the set of the set	2	ogorus Indi	benitys
anî oj			
ends value of Militaria A comme	magin an	6 -2 - IA	-0//

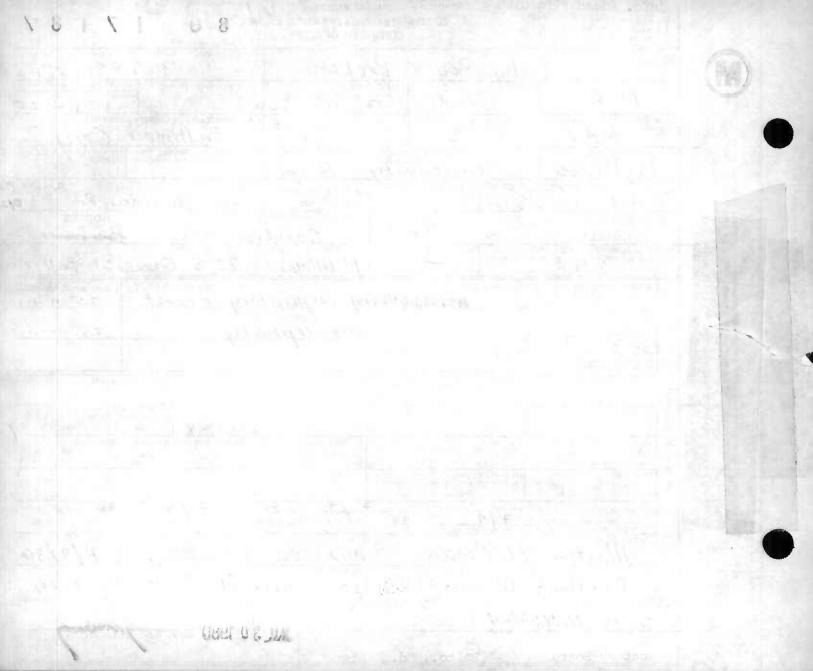
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20 DATE OF DEATH MONTH MIDDLE 2b. HOUR (TYPE OR PRINT) REL A AGE (IN YEARS LAST BIRTHDAN W UNDER I YEAR IF UNDER 74 HRS 5 DATE OF BIRTH 3. SEX AONTHS DAYS HOURS MONTH YEAR 0 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? To BIRTHPLACE ISTATE OR FOREIGN MARRIED A NEVER MARRIED COUNTRY Baltimore City U.S.A. WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR IN CITY OR TOWN OF DEATH TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Secretary USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 131. COUNTY 131. CITY OR TOWN 13. STREET ADDRESS 1801 Aberdeen Rd 13d. INSIDE CITY LIMITS? Parkville Baltimore NO A Maruland 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Rutledge Caldwell Myrtle William RADDRESS 17 INFORMANT Ind WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO I LIF YES, GIVE WAR OR DATES! (YES, NO OR UNKNOWN) Mr Robert W Beatty Same 089-10-6407 NO APPROXIMATE INTERVA JOMA BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE 10 DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause rail, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To CERTIFICATION 20a AUTOPSY? 70h. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO [NOF YES [DIVISION OF VITAL PHYSICIAN 00 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M 211 LOCATION 21. PLACE OF INJURY 21d. INJURY OCCURRED CITY OR TOWN COUNTY STATE STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22a.1 certify that (1) (this bespital) attended the deceased from and that in (ery) (our) apinion deoth accurred an the dote and hour and from the causes stated sow the deceased alive on_ obave, y (we) (did (did not) view the bady after death. 22c DATE SIGNED DEGREE 22b. SIGNATURE STAFF MEDICAL ith the State PHYSICIAN DIRECTOR PHYSICIAN lance PORTAN 22e ADDRESS FUNEF 22d PHYSICIAN'S NAME (TYPE OF PRINT) LIC/1 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE STATE Baltimore, Maryland 7/17/80 Parkwood Burial BP 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS Baltimore DHMH-16 25M Leonard J Ruck Inc. Ballyinge, Maryland (VRA 15, 4) 1/79

8 1 7 1= 3 8 Herry Blanche Buntly of Park 10 Th the state of the s Marcia is concina that the to con

	1		STATE OF MARYLAND	Commercial Property of
	1.	FOR STATE REGISTRAR	CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 REG. NO.	7 1 8 6
1	1. DE	CEASED NAME OF PRINT)	Achilles Becker LAST 20 DATE OF DEATH MONTH DAY July 15	1980 1:13 A M
	3 SE	Male	S. D. C.	UNDER 1 YEAR IF UNDER 24 HRS. NIHS DAYS HOURS MIN
uneral du un 72 hau	20 8	BTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED P BALTIMORE CITY OF COUNTY OF WIDOWED DIVORCED DIVORCED	L. Epple MO.
by the fulled with	B	2 HIMOR	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF YORK FOR MOST OF YORKING LIFE)	176 KIND OF BUSINESS OR INDUSTRYONE
should be	130.	Md. Vinne	HIVING HIMAPOLIS YES NO 1 615 Edward.	Drive
ond 2		Bryan S	COH Becker Cherri Diane	Herold.
s. Pages 1	160 \	VAS DICEASED EVER IN U.S. A YES ROOR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECURITY NO. 17 JOSPANNIT Dane Becker ##	
an paper an paper emaval. event, the		PART I. DEATH WAS CAUS	only ane cause per line far (a), (b), and (c) SED BY ATE CAUSE (a) CAVALOVES DIVATORY ALVEST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
attending nove carb lation, ar r traumatic		Canditians, if any, which	DUE TO, OR AS A CONSEQUENCE OF CIVCULAtion and hyaline membrane di	ease 20 hours
d by the lease remial, cremo ar ather tr		gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE 9th asphyxia and prematurity	24 hours
n signe Then p r to bur injury,	NOI	PART 2 OTHER SIGNIFICANT	Prematurity	
nsit permit.	CERTIFICATION	not applicable	not applicable YES NOTE IN CERTIFYIN	VERE FINDINGS USED NG CAUSES OF DEATH?
ending physician. this certificate has be the burial-transit permind Mental Hygiene principal reference or them 18 shows an	MEDICAL CE	210. ACCIDING UNDERLYING OR CONTRIBUTION CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	R) P.M. 19	I OR PART 2)
After this e as the bu alth and M marked ar	MED	21d INJURY OCCURRED WHILE OT WHILE OF AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTOR) OF THE FARM, ETC.) 216 PLACE OF INJURY (CITY OF TOWN STREET) 217 CITY OR TOWN	COUNTY STATE
CTOR: d for us a f He n 21 is		saw the deceased alive a above, (1),(we) (did) (did)	nat) view the body after death.	
tod tod		22b. SIGNATURE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DI	7.15.80
TO FUNERA should be de with the Stat		22d. PHYSICIAMS NAME TYPE	e Epple Baltimore City Hospital	
P	L	BURIAL, CREMATION, REMOVA	7-17-1980 St. Mary's -Innapolis H.	H. MITE
16 50M 1/76	19	UNERAL DIRECTOR	Land Attention of the Party of	R'S'S CANATURE



	- 1		m G546 8/22/80 rc	STATE OF MARYLAND		
		FOR STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH	REG. NO.	17187
2 (M)		DECEASED NAME FIRST TYPE OR PRINT) July	Baby Boy	Becker	20 DATE OF DEATH MONTH	9 - 80 2 10 p A
	3	SEX Male	1 RACE white	5. DATE OF BIRTH MONTH DAY YEAR 7 9 80	6. AGE (IN YEARS LAST BIRTHDAY) YRS.	FUNDER LYEAR FUNDER 24 HRS
death. P	35	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore city or count	1 1
by the fur led within	38	Ball more	111. NAME OF HOSPITAL, NURSIN IF NOT IN SUCH FACILITY, GIVE STREET A		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OF
within 24 ho tely filled in should be fill examiner mu	35	SUAL RESIDENCE (IF NURSING HOME BO. STATE 136 CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE UNITY SALA 134 CITY OR TOWN		13. STREET ADDRESS 25 Sheri	dan Rd Arnola
recuted with completely 1 and 2 sho	30	FATHER'S NAME FIRST Ronald	Eugene Becker	15 MOTHER'S MAIDEN NA FIRST Sand	MIDDLE	Rogers
te be exec an and co Pages 1 a	2"	8 WAS DECEASED EVER IN U.S. A {YES, NO OR UNKNOWN} (IF YES, G	ARMED FORCES? 146 SOCIAL SECUL	M. Ullman	ZZ S. Gres	enest Balt.z
requires that the de in signed by the attacher please remove to burial, cremation by injury, or other thy			(b)	NCE OF	allal disease or condition G	25 min
N. The law n. The law ste has bee permit. T grene prior 8 shows an	2	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH? YES NO
PHYSICIAN: Thing physician. this certificate has unial-transit perm Mental Hygiene s d or Item 18 show	Cong	OR CONTRACTOR CAUSE OF	DEATH HOUR A.M. MONTH DA	Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18	3, PART T OR PART 2)
NG nidii ne b and rke		WHILE NOT WHILE AT WORK ON A TWORK	214 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	NRM, ETC.) 21F LOCATION STREET	CITY OR TOWN	COUNTY STATE
PITAL OR ATTENDII by the hospital or attendidence of detached for use as the state Dept. of Health: ANT: If item 21 is maa		saw the deceased alive	pital) attended the deceased from	DEGREE	death accurred on the date and he	19 SO that (I) (we) lo our and from the couses stated
HOSE Ined to FUNE	T	771 AV NA 721 PHYSICIAN'S NAME (TYPE Martha	ORPRINTI A- Ullman	22e ADDRESS	DIRECTOR PHYSICIAN	- Md 21201
Bb Tesa	2	BURIAL, CREMATION, REMOVI (SPECIFY) REMOVA KKYKI)	E /0 / /00	AME OF CEMETERY OR CREMATORY	234. LOCATION CITY OR TOWN	COUNTY STATE
DHMH-16 25I (VRA 15, 4) 1/	VI.	FUNERAL DIRECTOR	ADDRESS Ralto N	15 T	E & CD. TO STRAR OF REGI	STEAR'S SIGNATURE



Walter Brooks Bradley, Inc., Balto., Maryland

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 1/75

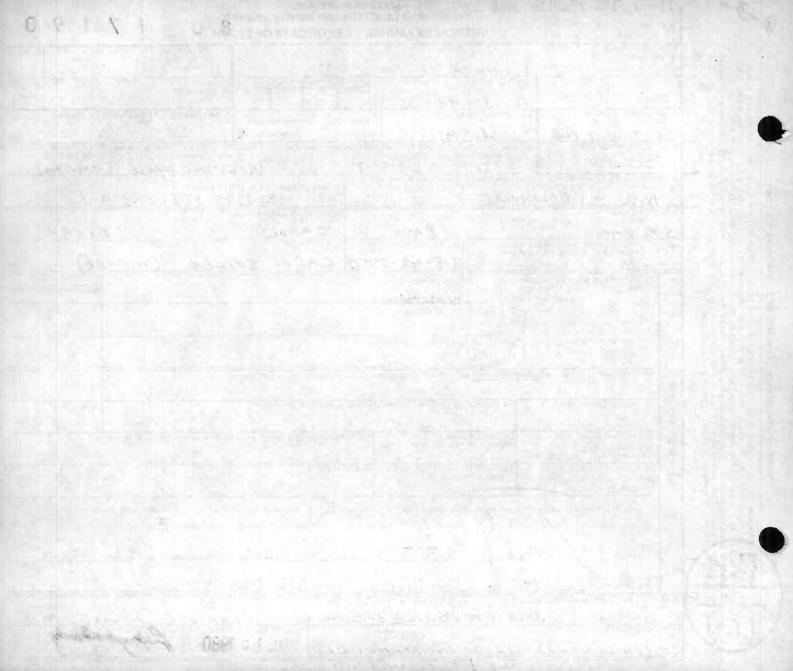
(VRA 15(4))

Programme with described to the first first and the second of the second STREET, COLOREST PROPERTY AND AND AND ADDRESS OF THE PARTY OF THE PART ACCUSE AND ASSESSED ASSESSED AND AND

				STATE OF MARYLAND		
	1-	FOR STATE	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	0 0	17189
	1.05	REGISTRAR TEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 26 HOUR -
1		CEASED NAME LIBBLE	-T	Bell	7 -	28-80 3 A M
)	3 SE		4 RACE	5. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	1	EMALE	Black	10-18-99	81. YRS	
5	70. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	1.1
10	10	Ath CARolina	U.S.A.	WIDOWED DIVORCED	BAHIMORE	
90	10 0	PAHINORE	I F NOT IN SUCH EACILITY, GIVE ST	RSING HOME OF OTHER INSTITUTION REET ADDRESS!	126 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
25	130. 5	TATE, 136. COU	F TO 11	OWN 131. INSIDE CITY LIMITS?	130. STREET ADDRESS	11 113
2.2	_	nd . THER'S NAME	DAITI	MORE YES NO		ull Ave.
200	1	FIRST	MIDDLE	// FIRST	WIDDLE	LAST
100	140	AS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIALS	ECURITY NO. 17 INFORMANT	ADDRESS	
1	(WE WAR OR DATES	8-8422 Medical	Records Key C	ircle Hospice
		18 CAUSE OF DEATH (Enter of	only one cause per line for (o), Ib	Andrew 1 1 -1	1	APPROXIMATE/INTERVAL BETWEEN ONSEL AND DEATH
		PART I. DEATH WAS CAUS	SED BY ATE CAUSE (0) Head	Krostrati	in	10 days.
	7	9000	DUE TO, OR AS A CONSE	OUENCE OF	0.0	
		Conditions, if ony, which	(b)wina	y tract /ut	ction	10 days
-5.1	191	gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSE	DUENCE OF		
, in		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION (GIVEN IN PART TION
	N Q	Degenera	2 4	- arthritis		several yrs-
sws 🕝	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	ICH OPERATION WAS PERFORMED	200 AUTOPSY? ZOb. IF	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
1	E				YES NO	YES NO
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	LITIADA A A ALCAITU		RRED (ENTER NATURE OF INJURY IN ITEM I	IB, PART 1 OR PART 2]
-	3	(IF EITHER, NOTIFY MEDICAL EXAMINE	R) P.M.	19		
	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY LATHOME, STREET, FACTORY, OF	ICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	1	AT WORK AT WORK				
			pital) attended the deceased fro			, 19
E		sow the deceased alive a abave, (l) (we) (did) (did n	on not) view the bady after death.		n death occurred on the date and t	
		27b. SIGNATURE	no Al	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
		6 71	Usworld (CHE PHYSICIAN		7, 27, 80
1	1	226. PHYSICIAN'S NAME ITYPE	OR PRINTI	22e ADDRESS	Bal'	tipyore, Md.
-1		E.Ellsw	vorth (o	KMD. 24	31 Mary las	ad Avei
	230.	BURIAL, CREMATION, REMOVA	AL 23b. DAJE / (C)	230 NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
no.	V	Sunal	8/1/30	mt aubun	Balto me	
25M	24 F	UNERAL DIRECTOR	AV ADDRES		ATE REC'D. BY REGISTRAR 231	ESTRAR'S SIGNATURE
79	1	11/2	BN 970081	inim day are Il	JL 29 1980 1	- Jon Howeny

The second second second All Parkey Visit Continuent Bed and Price and the same of the The state of the s was a read the deal of the second state of that metaline 16 22 1 as de se with the transfer in and Desert a literation out of all consequent 70.6 75 7.28 30 ... E The orth Coll 10. 1 7 29 80 E Ellementh Cook 110 = 431 115 The Atlant The state of the s

		FOR			DEPARTMENT OF HEALTH AND MENTAL HYGIENE									
		STATE REGISTRAR		ME	DICAL EXAMINI	ER'S CERT	TIFICATE O	FDEATH U	REG. NO.	1 1 7	U			
1		CEASED NAME	FIRST		WIDDLE	LAST		2a. DATE	KNOWN XX MOI	NTH DAY YEAR	2b. HOUR			
E .	(IYP	E OR PRINT)	Pame:	la wa	DAILT	Bel	7	OF DEATH	MATED 7	12 19 80				
PLEA	3. SE>	(4.	. RACE	5 DATE OF BIRTH	6. AGE (IN YEA	RS IF UNDER 1			- 1	TA 19 OC				
FUNERAL DIES FOR YOU W. PRESTON	Fe	male V	White	MONTH DAY	YEAR LAST BIRTHDA		AYS HOURS	MIN. PRONOUN	VCED	7 10 00	26. HOUR 2:10			
STO	76 B1	RTHPLACE (STAT		76. CITIZEN OF WI		8		9 BAITIM	ORE CITY OR CO	12 19 80) a M			
PR PR		REIGN COUNTRY)	000				NEVER MARRI	ED L						
4//	10 CI	ALTIMOA TY OR TOWN OF	EDEATH		SA, PITAL, NURSING HOME,	WIDOWED L			altimore		MD			
11	3	Baltimo		(IF NOT IN SUCH FA	CILITY, GIVE STREET ADDRESS)		SITUTION	FOR MOST OF WOR	KING LIFE)	ORK 12b. KIND OF B OR INDUS	TRY			
0				St.	Agnes Hospi	tal		REGISTER	O NURSE	HOSPIT.	76			
1	130. S	TATE	1131 COUNT	TY	13c. CITY OR TOWN		NSIDE CITY LIMITS?	13e. STREET ADDRE	SS					
2		MO.	BAL	TIMORE			NO 🔼		TEVENS	AUE				
0	14. FA	ATHER'S NAME		WIDDLE	LAST	15. M	OTHER'S MAIDE	NAME	IDDLE	LAST	A. I			
6	5	XLUAL	V		BASS	(CAROL	M		BERRY	-			
5	16a. V	VAS DECEASED I	EVER IN U.S. ARA		166. SOCIAL SECURITY		FORMANT		ADDRESS	2644/				
-	(YI	E5, NO, OR UNKNOW!	(IF YES, GIVE V	WAR OR DATES)	318-42-5	950 0	AROL	SPICER	Cm	THER				
			DEATH (Enter only	y one couse per line	far (a), (b), and (c).)	,501 -	7,700	01,027	(1-10	APPROXIMA	TE INTERVAL			
		PARTIDEA	TH WAS CAUSED	BY:						BETWEEN ONS	ET AND DEATH			
		796	C. IMMEDIAT		Undetermine AS A CONSEQUENCE O									
		Canditians.	if any, which	DUE 10, OK	AS A CONSEQUENCE O									
		gave rise	ta immediate	(b)			- 32(1)			141				
		lying cause	tating the <u>under</u> - last.	DUE TO, OR	AS A CONSEQUENCE O	F				TO HOUSE				
				(c)										
	-	PART 2 OTHER SIGNI	IFICANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMIN	NAL DISEASE OR CO	NOITION GIVEN IN PAR	Π 1 (α).						
	Ó					1.7.15								
1			PERATION	196. CONDIT	ION FOR WHICH OPERA	ATION WAS PE	RFORMED?	ALE THE LINE		20. AUTOPSY	(3			
	S	19a. DATE OF O												
	TIFICA									YES TOTAL	NO [
1	CERTIFICA	21a. EXTERNAL	protect of the same	21b. TIME OF		21c. HOW IN	JURY OCCURRED) (ENTER NATURE OF INJ	JURY IN ITEM 18 PART 1 C	1 1	NO []			
1	CAL CERTIFICA	21a. EXTERNAL	protect of the same	HOUR A.M	MONTH DAY YEAR	21c. HOW IN	JURY OCCURRED) (ENTER NATURE OF INJ	BURY IN ITEM 18 PART 1 C	1 1	NO L			
1	EDICAL CERTIFICA	21a. EXTERNAL UNDERLYING CONTRIBUTING	OR CAUSE OF D	HOUR A.M. P.M. 21e PLACE C	MONTH DAY YEAR 19 OF INJURY (ATHOME,	21f. LOCATIO				DR PART 2)				
1	MEDICAL CERTIFICATION	21a. EXTERNAL UNDERLYING CONTRIBUTING	OR CAUSE OF D	HOUR A.M. P.M. 21e PLACE C	MONTH DAY YEAR			CITY OR TOV		1 1	STATE			
1	MEDICAL CERTIFICA	21a. EXTERNAL UNDERLYING CONTRIBUTING 21d. INJURY OC WHILE AT WORK	OR G CAUSE OF D CURRED NOT WHILE AT WORK	HOUR A.M P.M 21e PLACE C STREET, FACT	MONTH DAY YEAR 19 OF INJURY (AT HOME, ORY, FARM, ETC.)	21f. LOCATIO STREET	DN'			DR PART 2)				
1	MEDICAL CERTIFICA	21a. EXTERNAL UNDERLYING CONTRIBUTING 21d. INJURY OC WHILE AT WORK	OR G CAUSE OF D CURRED NOT WHILE AT WORK	HOUR A.M P.M 21e PLACE C STREET, FACT	MONTH DAY YEAR 19 OF INJURY (ATHOME,	21f. LOCATIO	DN'	CITY OR TO	wn	DR PART 2)				
1	MEDICAL CERTIFICA	21a. EXTERNAL UNDERLYING CONTRIBUTING 21d. INJURY OC WHILE AT WORK	OR CAUSE OF D CURRED NOT WHILE AT WORK	HOUR A.M P.M 21e PLACE C STREET, FACT	MONTH DAY YEAR 19 OF INJURY (AT HOME, ORY, FARM, ETC.)	21f. LOCATIO STREET	N	CITY OR TO	wn and in m	OR PART 2)				
1	MEDICAL CERTIFICA	21a. EXTERNAL UNDERLYING CONTRIBUTING 21d. INJURY OC WHILE AT WORK 22a. I certify I death resulted	OR CAUSE OF D CURRED NOT WHILE AT WORK that I look charge	HOUR A.M P.M PLACE C STREET, FACT e of the remains des	MONTH DAY YEAR 19 DF INJURY (AT HOME. ORY, FARM, ETC.) cribed abave, held an	21f. LOCATIO STREET Autopsy cide	Inspection Inspection Hamicide	CITY OR TOV	ond in m	COUNTY y apinian				
1	MEDICAL CERTIFICA	21a. EXTERNAL I UNDERLYING CONTRIBUTING TID. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	OR CAUSE OF D CURRED NOT WHILE AT WORK	HOUR A.M P.M PLACE C STREET, FACT e of the remains des	MONTH DAY YEAR 19 DF INJURY (AT HOME. ORY, FARM, ETC.) cribed abave, held an	21f. LOCATIO STREET Autopsy cide	Inspection Inspection Hamicide	CITY OR TOV	ond in m	OR PART 2)	STATE			
13		21a. EXTERNAL UNDERLYING CONTRIBUTING 21d. INJURY OC WHILE AT WORK 22a. I certify death resulted	CAUSE OF D CAUSE OF D CURRED NOT WHILE AT WORK that I look charge fram	HOUR A.M. P.M. PLACE C. STREET, FACT	MONTH DAY YEAR 19 DF INJURY (AT HOME. ORY, FARM, ETC.) cribed abave, held an	21f. LOCATIO STREET Autopsy cide	Inspection Inspection Hamicide	CITY OR TOV	ond in m	COUNTY y apinian	STATE			
7		21a. EXTERNAL INDUSTRIBUTING CONTRIBUTING CONTRIBUTING 21d. INJURY OC WHILE AT WORK 22a. I certify I death resulted	CAUSE OF D CAUSE OF D CURRED NOT WHILE AT WORK that I look charge fram	HOUR A.M. P.M. PLACE C. STREET, FACT of the remains des	MONTH DAY YEAR 19 DF INJURY (AT HOME. ORY, FARM, ETC.) cribed abave, held an	21f. LOCATIO STREET Autopsy cide	Inspection Hamicide , TLE (SPECIFY) Puty Chi	CITY OR TOV	ond in m	COUNTY y apinian	STATE			
13		21a. EXTERNAL UNDERLYING CONTRIBUTING CONTRIBUTING 21d. INJURY OC WHILE AT WORK 22a. I certify death resulted ACTUAL SIGNATURE EXAMINER'S NA (TYPE OR PRINT	CAUSE OF D CAUSE OF D CURRED NOT WHILE AT WORK that I look charge fram	HOUR A.M P.M The PLACE of STREET, FACT The af the remains designed to the street of t	MONTH DAY YEAR 19 DF INJURY (AT HOME. ORY, FARM, ETC.) cribed abave, held an	Autapsy X cide , F	Inspection Hamicide/ TLE (SPECUFY) Puty Chi	CITY OR TON Inquiry Undetermined mo efmedical exam Penn Stre	ond in m inner , INNER SK	COUNTY y apinian ATE GNED 7-12-	STATE 80			
1		21a. EXTERNAL UNDERLYING CONTRIBUTING 21d. INJURY OC WHILE AT WORK 22a. I certify death resulted ACTUAL SIGNATURE EXAMINER'S NA (TYPE OR PRINT)	OR CAUSE OF D CURED NOT WHILE AT WORK that I libek charge fram AME The DN, REMOVAL 23	HOUR A.M P.M The PLACE of STREET, FACT The place of the remains described to the second control of the second	MONTH DAY YEAR 19 DF INJURY (AT HOME, ORY, FARM, ETC.) Tribed abave, held an Suice Mith, M.D. 136. NAME OF CEM	Autopsy X cide , H ADDRE	Inspection Hamicide / TLE (SPECIFY) Puty Chi ESS	CITY OR TON Inquiry Undetermined ma efmedical exam Penn Stre	ond in manner ,	COUNTY ATE ONED TOUNTY SOUNTY SOUN	STATE 80			
DALLMAN, MANILAND, 21201 RNICK TO BURNAL, CREMANING,	23a.BU	21a. EXTERNAL UNDERLYING CONTRIBUTING CONTRIBUTING 21d. INJURY OC WHILE AT WORK 22a. I certify death resulted ACTUAL SIGNATURE EXAMINER'S NA (TYPE OR PRINT) PRIAL CREMATIC PROCESS OF THE PRINT PRIAL CREMATIC PROCESS OF T	OR CAUSE OF D CURRED NOT WHILE AT WORK that I look charge fram AME The DN, REMOVAL 23	PACE OF THE PROPERTY OF THE PR	MONTH DAY YEAR 19 DF INJURY (AT HOME. ORY, FARM, ETC.) cribed above, held an deni , Suic	Autopsy X cide , H ADDRE	Inspection Hamicide : TLE (SPECIFY) PUTY Chi ESS 111 MATORY	Undetermined mo Efmedical exam Penn Stre	ondin m onner X, UNER SK	county y apinian ATE GNED 7-12-	STATE 80			
	23a. BU (5)	21a. EXTERNAL UNDERLYING CONTRIBUTING 21d. INJURY OC WHILE AT WORK 22a. I certify death resulted ACTUAL SIGNATURE EXAMINER'S NA (TYPE OR PRINT) RIAL, CREMATIC PECEN A IAN DINERAL DIRECTO	OR CAUSE OF D CURRED NOT WHILE AT WORK that I look charge fram AME The DN, REMOVAL 23	PACE OF THE PROPERTY OF THE PR	MONTH DAY YEAR 19 DF INJURY (AT HOME, ORY, FARM, ETC.) Tribed abave, held an Suice Mith, M.D. 136. NAME OF CEM	Autopsy X cide , H ADDRE	Inspection Hamicide , ItE (SPECIFY) Puty Chi ESS 111 MATORY 250. DATE RI	Inquiry Undetermined ma efmedical exam Penn Stre 133d LOCATION CHYORTOWN ECTO BY REGISTRA	ondin m onner X, UNER SK	county y apinian ATE GNED 7-12-	STATE 80			



V-1 - Control of the contro Manager 1 1. 11 Letteral the state of the s by and the paint of a State of the State of 7 - F - F tion and a product of the control of Enter wear day to see your start of the season of the

1101 E. North Ave.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

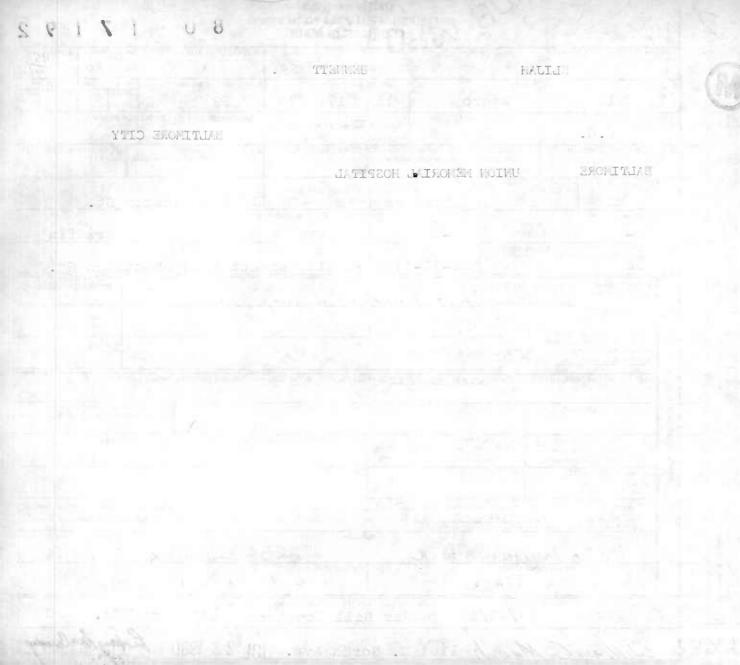
CERTIFICATE OF DEATH

FOR

- STATE

(VRA 15, 4) 1/79

REGISTRAR



	FOR			DEPART		OF MARYLAND EALTH AND MENTAL HYG	HENE (D	0	1 7	0 3
	- STATE REGISTRAR			oli Ant		CATE OF DEATH	0	REG. NO		, , ,
noy be	1 DECEASED NAM (TYPE OR PRINT)	AE FIRST		MIDDLE		OWITZ	7/2	180	OAY YEAR	3. 35 AM
ge 4 may ector, pag	3. SEX	EMALE	4 RACE	HITE	5 DATE C	F BIRTH 01	AGE IN YEAR	O D TXXX	MONTHS DAYS	
funeral dir	COUNTRY)	MARYLAND		WHAT COUNTRY SA	MARRIE	DEVERMARRIED DEVERMARRIED	9 BALTIMORE	BAL-	TIMORE	E CITY
ofte d w		inore	(IF NOT IN SUC	SINOT	HOSP 1	ROTHER INSTITUTION	176 USUAL OC (TYPE OF YOUR TO MER	CUPATION RMOST OF WORKING CHANT	LIFE) INDUSTRY	OF BUSINESS OR
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours ysticion and completely filled in by opers. Pages 1 and 2 should be fill vol it, the medical examiner must be no	130 STATE MD	E (IF NURSING HOME OR 136 COUL		13c. CITY OR TOV	WN -	134 INSIDE CITY LIMITS?	HXXX	XXXXXXXXXX	EBERLE	DREAKKKK
maryla ompletely I and 2 sh		AHAM '	AIDDLE	GOLDBERG		IS MOTHER'S MAIDEN NAV FIRST LEAH	A.Ç	202	VINI	(1215 CK
be execution and co	160 WAS DECEAS (YES, NO OR UNK)	ED EVER IN U.S. AR. (IF YES, GIVE	MED FORCES? WAR OR DATES)	166 SOCIAL SEC	URITY NO.		. CELIA E DR., A	LICHTENS PT. 202	#212	
01 W. PRESTON ST., that the death certific d by the attending ph lease remove corbanp iol, cremation, or remo or other troumatic ever	PART I. C	if ony, which to immediate stating the	D BY: E CAUSE (o) DUE TO, O	R AS A CONSEQUE	JENCE OF	arko interm	al bl	eeding	BETWEEN	XIMATE INTERVAL QNISET AND DEATH
RECORDS, Blow requirents as been significant Then the prior to by we only injury	<u>N</u>	OPERATION		Ba	oil	NOT RELATED TO THE TERM WAS PERFORMED O MEN	200 AUTOPS	Y? ZOB. IF Y	ES, WERE FINDS	INGS USED
ON OF VITAL HYSICIAN. The duing physicio us certificate buriol-tronsit Mental Hygie Or frem 18 sho	OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF DEA	P. PLACE	M. MONTH (M. OF INJURY	19	211 LOCATION STREET	RED (ENTER NATUR	E OV INJURY IN ITEM 11	B, PART 1 OR PART 2)	
O O O E	220 1 certify	NOT WHILE THE AT WORK that (I) (this haspite deceased alive an	,	deceased from	6	04/30,19		WOR TOWN		, that (I) (we) lost
hospi DIRECT Ched fo Dept of frem 2	226 SIGNAT	(I) (we) (did) (did no: URE	andi	applica			MEDICAL DIRECTOR	•	77L DATE	ESIGNED .
TO HOSPITAL Tetoined by the TO FUNERAL Should be detoinwith the Store E IMPORTANT: If	CHA	NDRASEK	HARAN	<u> </u>	AIR	270 ADDRESS INAL	HOSP	17AZ	BELVED	ENE TSPR
BP		RIAL CTOR SOL	7/3/80	M.I.	KRO KO	DESH BETH TSP	23d. LOCATION TO CITY OR TO PAIL BA	LTIMORE	COUNTY MAI	STATE)
OHMH-16 20M (VRA 15, 4) 7/7B	NAME	EISTERSTO		N & BROS BALTO		. 1111	3 198		by Stell	rody



Mi	tems 18 FOR STATE REGISTRAR	& 22a G5		DEPARTMENT	OF HEALT		ENTAL H	C)	н О		7	19	4
1. (DECEASED NAM	E FIRST		MIDDLE		LAST			DATE KNO	REG. NO.	AONIH DA	AY YEAR	Zb. HOUR
8 m	TIPE OR PRINT	Ernest	9	Robert	E	erry	In		OF ES		7 23	1980	
55	SEX		5. DATE OF BIRTH	YEAR LAST	(IN YEARS IF L	NDER 1 YR.	IF UNDER		DATE	794	ONTH D.	AY YEAR	2d. HOUF
	Male	Black	Dec. 27, 1				HOOKS		DEAD		7 23		1:00
10.	BIRTHPLACE (S FOREIGN COUNTRY)	and.	76. CITIZEN OF WE		8. MAR WIDO	7.0	VER MARRIE	ED 🗀	BALTIMORE	timor			
_	CITY OR TOWN		11. NAME OF HOS	PITAL, NURSING	HOME, OR OT			12a. USUAL	OCCUPATION	ON ITYPE OF	WORK 1126.	KIND OF BU	JSINESS
8	Baltin		Mary!	land Gene	eral Ho	spita	l	(an)	oenter	LIFE)	·H	OUS INDUST	RY Z
	Natural Manyland	(IF IN NURSING HOME OR HELP COUNTY	other institution, Giverndel	13c. GTY OR TO	WN	13d. INSIDE	(ITY LIMITS?	138359	Pores:	t Glei			1122
14.	FATHER'S NAME		bert	O LAST	C		ER'S MAIDEI	NNAME	MIDDLE				
160	Crnesz	D EVER IN U.S. ARMI		Denny,	Sr.	Dr. INFOR	nothy	2	AT	DORESS	Hen	drick	son
	(YES, NO. OR UNKNO	(IF YES GMGW	ar or dates)	216-10-	-2546	100	nanet 1	M. Bei			e as i	#13	
	18 CAUSE O PART I DE	F DEATH (Enter anly ATH WAS CAUSED	ane cause per line BY: CAUSE (a) HV	far (a), (b), and (c).)	ndione	a coul s	on die	20250		8	APPROXIMAT BETWEEN ONSE	
	1402	9 IMMEDIATE		AS A CONSEQUE		ratova	ascula	ar ars	oed Se				
93		ns, if any, which se to immediate	(b)								RIB P		
		stating the under-	< ' '	AS A CONSEQUE	NCE OF								
1			(c)										
Z		GNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH I	BUT NOT RELATED TO TH	IE TERMINAL OISEA	SE OR CONDITIO	N GIVEN IN PAR	T 1 (a).					
CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH	OPERATION V	WAS PERFOR	MED?				2	0. AUTOPSY	?
I FIG		3 15 17									100	YES XX	NO 🗆
CALCER	21a EXTERNA UNDERLYING CONTRIBUTION	NG CAUSE OF DE	ATH P.M.	MONTH DAY	YEAR 9	IOW INJURY	OCCURRED	CENTER NATE	JRE OF INJURY IN	ITEM 18 PART	1 OR PART 2)		
MEDICAL	21d. INJURY C	OCCURRED NOT WHILE AT WORK		OF INJURY (AT HO ORY, FARM, ETC.)	ME. 21f. LC	STREET		CI	ITY OR TOWN	ĠĪ.	COUNTY		STATE
	1000	fy that I taak charge	1	Accident ,	an Auta Suicide	, Hami	SPECIFY)	Undeterm	Inquiry I		my opinio	7-2	4-80
2	EXAMINER'S (TYPE OR PRI	NAME NT)	Hormez R.	. Guard,	M.D.	_ADDRESS_			n Str		SIGNED_	, 2	
23a		TION, REMOVAL 236			F CEMETERY	OR CREMAT	ORY	23d. LOCA	OWN .	. 6	Balto.	Al .	in it
24	FUNERAL DIREC		7/26/1980) Securi	ty Pro	cess, S	nc.		GISTRAR 25		AR'S STAN	MAIRE -	ld.
1	nc Cull	F.H. Mtn.	& Tich No	och Rda	Parado	na Md	1111		980	profes	y/Xª	trusty	
100			- ~~ 116	~ , , , , ,	· would	های اوسی		~ 0	~~~				

conting con		•	danie 1 au janie		
			1 10 1 18		
	reaction of the same				
	nem seasonal seeming		we Levis	a laboration	na benduare
			,		

U F I V I I U U U = HE TO THE TO THE The state of the s

	L	- And -	S	TATE OF MARYLAND		
~ ~	A	FOR STATE REGISTRAR		OF HEALTH AND MENTAL HY	0 0	7196
0.00		DECEASED NAME FIRST	WIDDLE	LAST	REG. NO.	DAY YEAR 26 HOUR A
(mm)		YPE OR PRINTI	Milton Wesley			in nook a
(IV)	3	SEX	0	Bevan ATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	.8 80 5:55 M
ge 4	J.	Male	440.4	1-27-1905	75 YRS.	MONTHS DAYS HOURS MIN.
Poor Should	20.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8	RRIED ENEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OFDEATH
St on 7	5	Alto. M.	11 6 1	OWED DIVORCED	Baltimore	City MD.
he fu	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HO		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE	12b. KIND OF BUSINESS OR
201 Filed of	3	Balto.	Johns Hopkin	s Hospital	Crown Cork & Se	
24 hourst be	U:	UAL RESIDENCE (IF NURSING HOME I. STATE 13b. CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS UNITY 130. CITY OR TOWN	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	
	14.	FATHER'S NAME	Daxto.	YES NO I	4507 Parkmont	five21200
MARYLA ed within mpletely and 2 sh	n	Charles T	MIDDLE LAST	FIRST	MIDDLE	LAST
M TO TO TO	160	was deceased ever in u.s.	Sevan ARMED FORCES? 166 SOCIAL SECURITY N	IO. 17 INFORMANT	y Chook ADDRESS	
AOR ond oge			GIVE WAR OR DATES)		Bevan - 4507 Park	2120
tion Fion	=		215-10-8370	Mrs. Iva P.	Devan - 450/ raw	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
BA Carle			only one couse per line for (o), (b), and (c .) SED BY:	arrest		
ST Serting From Trem		IMMEDI	ATE CAUSE (0) Large ac	411631		20 minutes
W. PRESTON ST mrhe death ferti f)he attending is remation, ar ren ther troumatic ev		7271	DUE TO, OR AS A CONSPONENCE	of Anatic Va	lue Replaceme	of I month
trough trough		Conditions, if ony, which gove rise to immediate	(b)	1101116	The inciplance line	Though
× - ta \$ 5 5 4		couse (o), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE O	OF .		
s the ed b		DARK 2 OTUSE SIGNIFICANI	(c)	DUT NOT BELLATED TO THE TERM	ANIA DISTASS OR CONDITION OF	(5) (1) (5) (5)
sign sign hen io bu	Z			1 0 - 1	A	EN IN PART 10
tow Qui	- 1	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPER	0000 - 0100	P-NOUV	S, WERE FINDINGS USED
nos be	Z	10/18/80	11	re disease		FYING CAUSES OF DEATH?
VITAI NY Th nysicio icote i ronsit Hygie		71a ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCUP		
SICANI Ng physic certifica rrial-tran ental Hy frem 18	7.1	On contenuousle Contenue		AR		WE THE
ON OF HYSICIA	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE P	P.M. 21s. PLACE OF INJURY	19 21f LOCATION		
	2		(AT HOME, STREET, FACTORY, OFFICE, FARM, ETG	STREET	CITY OR TOWN	COUNTY STATE
DIVISION OF Affer 11 Affer 11 on only one marked	1	220 L costifu that (1) (this has	pital) attended the deceased from			19, that (I) (we) last
TEN Por US		sow the deceased alive	on19		death accurred on the date and hou	
ok AT e hosp DiRECT sched fi Dept. o		obove, (I) (we) (did) (did) 22k SIGNATURE	we she body after death.	DEGREE		22¢ DATE SIGNED
7 4 7 4 9 7			~ ALA	ATTENDING	MEDICAL STAFF	7/10/82
HOSPITAL ned by the FUNERAL uld be detected to the State ORTANT:		22d. PHYSICIAN'S NAME (TYP	E OR PRINT)	PHYSICIAN	DIRECTOR PHYSICIAN	1/110100
TO HOSPITA etained by 1 TO FUNERAL should be store with the Store		Michael	G. Sammo	Three	Hookins He	Cotina
MP With	72	BURIAL, CREMATION, REMOV	11(1)	OF CEMETERY OR CREMATORY	173d OCATION	· P · I · G
7/ 3/RD	13	(SPECIFY) Burial	7-21-80 Glen	11 .	CITY OR TOWN	COUNTY STATE
	24	FUNERAL DIRECTOR	1-21-00 year	250. DA		AR'S S GNAPURE
DHMH-16 30M 2/80 (VRA 15, 4)			r Inc-6415 Belair Rd		21 1980	my / Necrosty

120 miles, 1011 00 101 Edia. 1977 admit ve. - 120 7081 1100 I TOTAL TOTAL 21-16-20 1.20 " 110 " over - 175 car on we- 120 enia -1-1 eren eren ako. e. color idea we-"15 leain ...2125

				STATE OF MARYLAND		
	1	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	17197
e 8 6	1. D	ECEASED NAME FIRST	WIDDLE	BIALEK	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
page 3	3 5	Rober	I RACE	S DATE OF BIRTH	6. AGE (IN YEARS BAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
fred 4	1,,		A C	MONTH DAY YEAR	THE AGE (IN BEAUGUEST BELINDAL)	MONTHS DAYS HOURS MIN
Page lirect urs a	2.	BIRTHPLACE (STATE OR FOREIGN	CAMERSIA	07 14 1933		RS
ral di		COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED T NEVER MARRIED	BALTIMORE CITY OR COU	INIT OF DEATH
in 7	7	wo	USA	WIDOWED DIVORCED		ide M
the fi withi	0	CITY OR TOWN OF DEATH	AF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION ET ADDRESS)	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKE	MZIL KIND OF BUSINESS OF
Par led	2 -	Ballacity		+ md. Hospital	Constanction	
24 he ed in be fi	130	JAL RESIDENCE (IF NURSING HOME STATE 136 COI	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOUNTY 13c. CITY OR TO	ORE ADMISSION) WN \$134 INSIDE CITY LIMITS!	13. STREET ADDRESS	ST LA HOLE
c ≡₽ ⊆ 5	7	S do	ANTO MIDDLE	RINER YES NO 1	13112 Check	enx 2d. 21236
d withing the standard of stan	14. F	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	WE	LAST
cuted omple and 2	C	Walter		ver maris	MODILE	Ecoutis
E	160.	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 1166 SOCIAL SEG		ADDRESS	4
a se se			REA DIL-3	0-00M 154 BEI	BIRIFK	ABOVE
Sicial System				d-hadit 1-1 bu -	- 17/11 2210	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUS		and (C'.)		140 4
0 00 0		IMMEDI	ATE CAUSE (a) Sepsis			10 days
		736	DUE TO, OR AS A CONSEQ	•		2 4.
the att		Canditions, if any, which	(b) Preuman	16		Lucks
that yy th crem		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSER	UENCE OF		2
d b asse			(c) (eresal	Vesivier Accident		2 weeks
requir signe en ple to bur	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITION	GIVEN IN PART 101
aw aw	<u>\$</u>	Historyna	-ymphuma			
V: The Is in the has be permit. Illene pri i	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
N: T	4 1				YES NO P	YES NO
PHYSICIAN: The graph physician. This certificate ha rial-transit perm Mental Hygiene for Item 18 sho	7 8	210. ACCIDENT WAS UNDERLYING			RED (ENTER NATURE OF INJURY IN ITEM	A 18, PART 1 OR PART 2)
HYSI phys scer al-tra ental	1 3	OR CONTRIBUTING CAUSE OF D	A A A A A A A A A A A A A A A A A A A	19		
DING PHY ttending pl After this s the burial th and Mer marked or	MEDICAL	214 INJURY OCCURRED	21a PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
tendin After t the bu	2	WHILE NOT WHILE O	(AT HOME, STREET, FACTORY, OFFICE	E. FARM, ETC.)	CITORIOWN	COOMIT
N a Bala		22a L certify that (1) (this has	pital) attended the deceased from	, 19	tp	, that (I) (we) las
F 2 5 2 1 2		saw the deceased alive of	on19			hour and from the couses stated
E SO E DO E		obove, (I) (we) (did) (did i 22b. SIGNATURE	not) view the body after death.	DEGREE		22c DATE SIGNED
54 040 =		N5 X	.00	AA ATTENDING	MEDICAL STAFF	1 21 5 16
ERAL State C State C SANT:		22d. PHYSICIAN'S NAME (TYPE	lley	PHYSICIAN [DIRECTOR PHYSICIAN	100/9 - 1/
IOSPITAL Ned by the UNERAL db de detact the State I DRTANT:		O. I I	/ 11:0	1	A. L.	
TO HOSPITAL retained by the TO FUNERAL should be detac with the State	4	David E	Celley MI)	University 1	10.1.V	
F 2 F 4 3 E	23a	BURIAL, CREMATION, REMOVA	- 101	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP		BURIAL	7/8/80	YOLY RESARY	BALTO.	MA
000 DHMH-16 25M	24	UNERAL DIRECTOR	ADORESS	25e. DA1	E REC'D. BY REGISTRAR 256. RE	GISTBAR SIGNATURE
(VRA 15 4) 1/79	-	THAME (DAIA)	7645 30C	au den	DOFT T 1994	200

El TARROS per selection and and answered set grow the statements placement SEE THE ENERGINE KINES MAIN STABILLY NEWS TO Aldergot - some something something which was not the form of the contest of the state of the

9 A 1920

300:	0.00 1 152 F. FEB.	Anderra	5/90		
		Test . 250 . Jac		eines"	
	will bimore city		371		
t. Bould	di emes	.owA saaw	manife to bir		
	and oddered and a				
132200	P. Berliner	1994	8.11 :	* * *	
TE VALUE	dagana in termina ma	ers meters and		2	
		and the same		Service Service	

1	FOR - STAT				DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH SECOND 7 1 9										3	
		STRAR ED NAME RINT)	FIRST MARY	MED	MIDDLE F.		,	BRIGG			DATE KNO	STI-	монтн	20 ₁₀	YEAR 80	26 HOUR
	ema		negro	5 DATE OF BIRTH MONTH DAY 3 14 7b. CITIZEN OF WHA	YEAR 21		RS. MONT	HS DAYS	IF UNDER HOURS	MIN. PF	DEAD		MONTH 7	20 ₁	, 80	24. HOUF
量フク	FOREIGN	COUNTRY)	s.c.	USA			WIDOW		DIVORCE	ED B	BALTIMORI altimo	re Ci	ity			MD
000	Ba	e town or ltimo:	re		uid]	Park D	r.	IER INSTITUT	TION	FOR MO	L OCCUPATI ST OF WORKING	ON (TYPE O	F WORK	OR I	OF BUS NDUSTR	SINESS Y
9 130	UAL RES	N.Y.	13R. CONN.	OR OTHER INSTITUTION, GIVE TY	13c. CITY	OR TOWN mira	10N)	13d. INSIDE CI	TY LIMITS?		TADDRESS Jone	Ct.				
	Geo	r's NAME PRST Proje		MCGee		LAST		Hat	R'S MAIDE RST tie	NAME	MIDDLE	I	Mart.	in h	ST	
160	(YES, NO.	NO NO		MED FORCES? war or Dates) ly one couse per line for	245	-18-08		17. INFORM Nan	cy Pr	rice	2540	Druic Druic	l Pk			INTERVAL AND DEATH
	4	Conditions, gave rise cause (a) st- lying cause	if ony, which to immediate ating the <u>under-</u> last.	DUE TO, OR A (b) DUE TO, OR A (c) CONTRIBUTING TO DEATH BU	S A CON	SEQUENCE	OF OF				diseas	e				
Spical Ceptier Ation	19a.	DATE OF O	PERATION	Dia 196. CONDITIO		es mel			MED?			000		120 011	TOPSY?	34,
AL CEPTIFICATION		ERLYING	CAUSE WAS	21b. TIME OF II	NJURY		121c. HC			D LENTER NAT	URE OF INJURY II	N ITEM 18 PAR	T 1 OR PAR	YE	s 🗆	NO 🖾
MEDICAL	21d. WHI AT V	N IURY OC	_	21e. PLACE OF		(AT HOME,		CATION		(CITY OR TOWN		cou	UNTY		STATE
2	dec ACT SIGN	20. I certify to	that I took charge	e of the remains described to the remains desc	Accident	, su	Autops icide	, Hamici	ecify) istan	Undeterr	Inquiry Inquiry Inquired manne	r 🔲,	DATE SIGNED	7.	-20-{	30
	Bur	ial	N,REMOVAL 2	7/26/80		nbutus	METERY O	R CREMATO		23d. LÖCA	ation town rbutus	, Md.	COUN	iΤΥ	STA	TE
24.	NAME	c Mar	ch F/H	11-4-7-6		orth A				A 4	GISTRAR 2	Sh. REGIST	RAR'S S	GNATUR	RE	

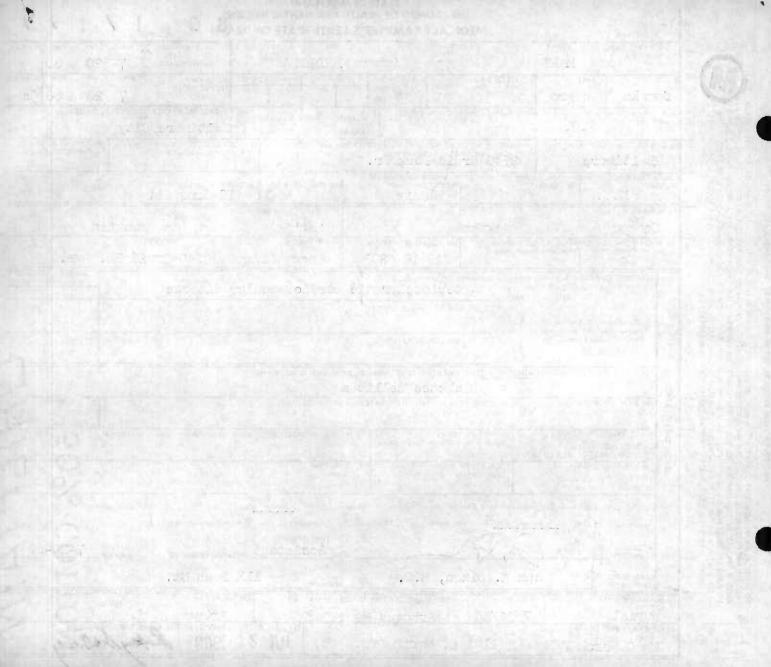
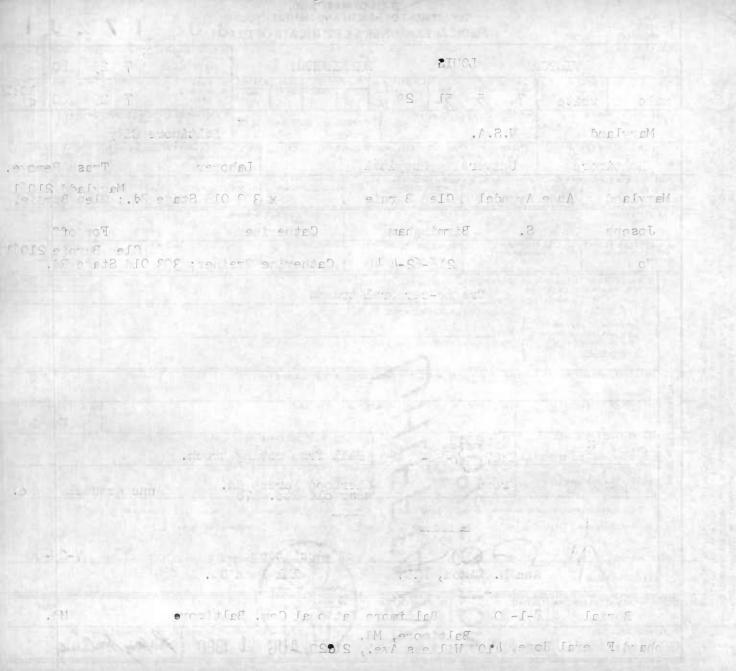


Figure 3, 1919 | Santaber 3, 1919 | Santaber 3 margar sounds case 21 Set 2 1930 T. Bayton M. ben Aut. Grantesten . 181 20 July 3, 1741 startheldlester; certer ver ver sit (o., pl. where were the state of the sta

40	2	1-	FOR STATE			D	EPARTME	STATE O		YLAND D MENTAL H	YGIEN	5 n		,	7 .	2 0	1
10			REGISTRAR		1000			AMINER'	CER	TIFICATE C	OF DEA	DH O	REG. N	0.	4	. 0	
			CEASED NAME				MIDDLE UIS		LAST		2	OF	NOWN E	MONTH			26 HOUR
,	EET SEET	2 051		VICTO						GHAM		DEATH	MATED [7 [29	19 80	M
ت م	Z Z G G	3 SEX	ale	white	5. DATE OF	5	51	29 YRS.	UNDER	YR. IF UNDER		RONOUNG DEAD	CED	7	29	1980	24011 a M
	SESENT A		RTHPLACE (ST REIGN COUNTRY) Maryla		76. CITIZEN		T COUNTRY	· M	RRIED [NEVER MARR	IED LX	Baltimo		_		DEATH	
2	A AGE	10. CI	TY OR TOWN O	OF DEATH	11. NAME (OF HOSPI	LITY, GIVE STREET	NG HOME, OR			12a. USU	AL OCCUPA OST OF WORK	ATION (TY		12b. KI	IND OF BUS OR INDUSTR ASh Re	Y
21201 E ANY PA	UNS ATTER CEATE, IT AND DEE WITH FORM PM. 3. RETAIN I PAGES 1 AND 2 SHOULD BE DIVISION OF VITAL RECORDS	13a. S		IF IN NURSING HOME 13b, COUN Anne	OR OTHER INSTITU	JTION, GIVE	RESIDENCE BEFO	ORE ADMISSION)		NSIDE CITY LIMITS?	13s. STREI	ET ADDRES	s tage	Rd.:		ladd 2 en Bur	
MD. 2	7 2 S	14. FA	THER'S NAME		WIDDLE		LAST		15. A	AOTHER'S MAIDE		MID				LAST	
	PAGES ORM PA ORM PA N OF KI		Joseph		S.		irming			Catheri	ine	Miu	016		For	noff	
BALTIMORE,	GIVE PAC GIVE PAC ITH FOR! VAGES 1.	16a. V (Y	VAS DECEASED ES, NO, OR UNKNO NO	EVER IN U.S. AR	MED FORCES WAR OR DATES)	5?		SECURITY NO. 52-4948		atherine	e Gre:	iner;	393	GTE		rnie ge Rd.	21061
ST.,	I III ZA HOUKS L IN ITEM 18. G R ALONG WI VSIT PERMIT. PA HYGIENE, DIV		18. CAUSE OF PART I DE.	T DEATH (Enter or ATH WAS CAUSE	nly ane cause D BY: TE CAUSE (a)	Cra		erebral	trau	ma	, ind				SET	APPROXIMATE IWEEN ONSET	INTERVAL AND DEATH
PRESTON	ALO ALO AYGIE	5	818	9	DUE		S A CONSEC	QUENCE OF		SLAN.				Me.			
W. PRE	SECOLO WITHIN SECOLO WITHIN SECOLO WITHIN SECONO SEC	/	gave ris	is, if any, which e to immediate stating the under-	(b)	TO OR A	S A CONSEC	DUENCE OF									
_ u			lying cau	se last.	(c)			201.101									
CORDS, 301		Z	PART 2 DINER SIG	MIFICANT CONDITIONS	CONTRIBUTING T	D DEATH BU	T NOT RELATED T	TO THE TERMINAL DI	EASE DR CO	NDITIDN GIVEN IN PA	RT 1 (a)						
ITAL REC	COEDS I	FICATION	19a. DATE OF	OPERATION	19b. (CONDITIO	ON FOR WHI	ICH OPERATION	I WAS PE	RFORMED?			Ji sa			AUTOPSY?	
DIVISION OF VITAL RECORDS,	ATE, WRITING THE WORD ARE, WRITING THE WORD PR. PAGE 3 SHOULD BE US HE STATE DEPARTMENT OF D. 21201 PRIOR TO BURIAL,	MEDICAL CERTIFICATION	UNDERLYING		HOI		MONTH DA	Y YEAR		JURY OCCURRE				PART I OR E		AE2 C	NO []
VISION	SHO SHO OR I	DIC	21d. INJURY O	CCURRED			7-28-		LOCATIO	from mo	ATUR	Uruck.	•				
i i	WRITING WARDED 1 PAGE 3 SH TATE DEPA	ME	WHILE AT WORK				RY, FARM, ETC.)	SI	erwo	od Fores	st Rd	CITY OR TOWN		ine A	rund	lel	Md.
	CERTIFICATE, ULLD BE FORV DIRECTOR: P , WITH THE ST AARYLAND 21:		22a. I certif	y that I taak charg	ge of the remo		ibed abave, I		apsy X	171		Inquiry [nd in my o	pinian		
	E CERTIFICA E CERTIFICA OULD BE F L DIRECTOI H, WITH THE MARYLAND	2	ACTUAL	A.		5	\	r, soicide	TI	TLE (SPECIFY)				DATE		F 00	90
3	RAIL SHC SHC SHC SHC ATH ATH CE, A		SIGNATURE_	Yhou	Ann M.	bix	on, M.	D.	_M.D	Assista 111	<u>nt_{medic}</u> Penn		NER	SIGN	IED	7-29-	-00
	FCUTE GE 4 FUNE TER DE	1/20	TYPE OR PRI	(I)			1200		ADDR								
	BAT TAGE	23a.Bl	JRIAL, CREMAT	ion,removal	8-1-80)		timore		MATORY onal Cen	23d 100 Ba.	Itimo	re	co	UNTY	Md.	NTE .
	DHMH - 17	24. FU	JNERAL DIREC	TOR	204	ADDRESS B	altimo	ore. Md.	50.1	250. DATE	- 4		25b. 855	ISTRAR'S	SIGNA	TURE	
(/	VR A15 ME (5))	Hul	bbard F	or un eral H	iome, 4	107	Wilker	s Ave.,	212	29 AUG		1980	prising	My/	nec	ready	



1	= STATE REGISTRAR		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0							
	DECEASED NAME	FIRST		MIDDLE		AST	2a. DATE KI	REG. NO.	H DAY YEAR	Zb. HOUR
	(TYPE OR PRINT) FRANC		CIS r		BITZELBERGER		OF	AATED 7	21 10 80	
3. S	SEX 4. F	ACE 5.	DATE OF BIRTH	6. AGE (IN YE YEAR LAST BIRTHD	ARS IF UNI	DER 1 YR. IF UNDER	24 HRS. 2c. DATE	MONTH	.,	1:30
/ m	ale w	hite	7/24/1	19 60 v	RS.	DAYS HOURS	MIN PRONOUNCE	7	21 180	T:30
7a	BIRTHPLACE (STATE FOREIGN COUNTRY)	OR 7b	CITIZEN OF WH	AT COUNTRY?	8. MARRIE	D NEVER MARRI	FD I	RE CITY OR COU	NTY OF DEATH	
B	Balto., Md.		$U \cdot S \cdot A$. WIDOWED DIVORCED BALTIMOTE							MD.
/ 10	Baltimo		NAME OF HOSP Balti	ITAL, NURSING HOMI ILITY, GIVE STREET, ADDRESS) MOPE CITY	ursing home, or other institution City Hospital (DOA)		120. USUAL OCCUPATION (TYPE OF WO FOR MOST OF WORKING LIFE) ACCOUNTANT		12b. KIND OF BUSINESS OR INDUSTRY State of Md	
USI 13a.	UAL RESIDENCE (IF IN . STATE	NURSING HOME OR OT	HER INSTITUTION, GIVI	RESIDENCE BEFORE ADMISSI 134. CITY OR TOWN Baltimon		13d INSIDE CITY LIMITS? YES 28 NO	130. STREET ADDRESS	otomac	1	
14.	FATHER'S NAME			Date time.		15. MOTHER'S MAIDE	NINAME		Direct	
d	Joseph		F. Bitzelberger Mary A					Buz	zchowsk	i
16a.	. WAS DECEASED EV	ER IN U.S. ARMED	FORCES?	166. SOCIAL SECURIT			S. Poto			
	Yes	WW II	ORDATES	214-14-1			Lorraine			
	IB CAUSE OF DI	ATH (Enter only or	ne cause per line f	ar(a), (b), and (c), Alcoholism	· ·			21224	APPROXIMA BETWEEN ONS	E INTERVAL
5	PARTIDEATE	IMMEDIATE C	AUSE (a)	ATCOHOTTS	П			V.,		
	303-	if ony, which	DUE TO, OR A	AS A CONSEQUENCE	OF					
	gave rise	to immediate	(b)							
	lying couse le	ring the <u>under</u> ost.	DUE TO, OR A	S A CONSEQUENCE	OF					
	PART 2 OTHER SIGNIFI	CANT CONDITIONS CONT	PIRITING TO DEATH DI	JT NOT RELATED TO THE TERM	UNAL OSCIACE	OR COMPLETION CHIEF IN DAR	*			
Z			ALBOTTO TO DEATH BY	A MOT MEENTED TO THE TERM	INAL DISEASE	OK COMULITON GIVEN IN PAX	11 (a).			f f
CERTIFICATION	190. DATE OF OP	ERATION	19b. CONDITI	ON FOR WHICH OPER	ATION WA	S PERFORMED?			20. AUTOPSY	?
사발									YES 🗆	NO [K]
G. C.	21a EXTERNAL C		21b. TIME OF	NJURY MONTH DAY YEAR	21c. HO	W INJURY OCCURRED	D LENTER NATURE OF INJUR	IN ITEM 18 PART 1 OR F		
MEDICAL	CONTRIBUTING	CAUSE OF DEA	TH P.M.	19	1 440					
WED	21d. INJURY OCC WHILE N	OT WHILE		F INJURY (AT HOME, PRY, FARM, ETC.)	21f. LOC	ATION REET	CITY OR TOWN	c	OUNTY	STATE
	WHILE AT WORK	WORK				210 3 9			BERKE	
	22a. I certify that I taok charge of the remains described above, held on Autopsy . Inspection . Inquiry . Inquiry . and in my opinion									1.22
	death resulted fr	om: Natural c	auses X	Accident , Su	icide .	Hamicide .	Undetermined monr	ner,		
9	ACTUAL	Ann	125	2		TITLE (SPECIFY)		DATE	7-22-8	30
	SIGNATURE	1/3	01		M.E	Assistant	MEDICAL EXAMIN	IER DATE	VED_ 1-22-0	
4	EXAMINER'S NA/	Ann M	. Dixon,	M.D.	A	DDRESS	Penn St.	SEE V		
23a.	BURIAL, CREMATION			23c. NAME OF CE			23d. LOCATION	со	UNTY S	TATE
24	Bur FUNERAL DIRECTOR		/24/80	Woodlau	in Ce		Baltim	ora Mo	curand	
24.	NAME		Moran, Inc Baltimore &	Z4.		25a. JOL R	W OBNIE BENRAR	President	SIGNORICAL	
		Baltimore	Md. 2122	4						

terms opening . Cas in terms and the comment American a whole representation A desired ensured and a contract of the . Marie 18 Burio's ... [194/20] coctos: Cometery THE RESERVE OF THE PARTY OF THE

TO S CONTRACTOR A STATE OF THE SECOND SHOP THE many and the state of the state of the See Shirt Many to the second of the

	REGISTRAR ECEASED NAM	E FIRST	WIDDLE	ER'S CERTIFICATE OF DE	20. DATE KNOWN TO MONTH	DAY YEAR 2b, HOUE
(1	(PE OR PRINT)	Charles	Henry	Blackwell	OF ESTI- DEATH MATED	19
3. SI	male	black 1	ATE OF BIRTH INTH DAY YEAR LAST BIRTHDAY 2 24 14 CS YR	Y) MONTHS DAYS HOURS MIN	PRONOUNCED 6	10,980 10:5
	Ba to	Md.	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore Baltimore	WE
E	altimor	e Ne	NAME OF HOSPITAL, NURSING HOME, IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) arSeawall in water	:/1700BlkThamesST	SUAL OCCUPATION (TYPE OF WORK RMOST OF WORKING LIFE) Mainanten	126 KIND OF BUSINESS OR INDUSTRY
	STATE	(IF IN NURSING HOME OR OTHE	R INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13-517 OR TOWN	13d. INSIDE CITY LIMITS? 13e. STE YES \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	REET ADDRESS WORKEY Narrollfor	1 910
	Jahn	H	Blackwell	15. MOTHER'S MAIDEN NAM	MIDDLE	LAST
160.	WAS DECEASE YES, NO, OR UNKN	D EVER IN U.S. ARMED F	R DATES)		ADDRESS CWell-34 NCa	rrollton ?
	916 Candition	IMMEDIATE CA IMMEDIATE CA Ins., if any, which ise to immediate b) stating the under-	USE (o) Drowning. USE (o) DUE TO, OR AS A CONSEQUENCE O (b) DUE TO, OR AS A CONSEQUENCE O			BETWEEN ONSET AND DEATH
N O	PART 2 OTHER S	IGNIFICANT CONDITIONS <u>CONTRI</u>	BUTING TO GEATH BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION GIVEN IN PART 1 (a).		
ICATI	190. DATE O	FOPERATION	19b. CONDITION FOR WHICH OPERA	ITION WAS PERFORMED?		20. AUTOPSY? YES XX NO
E	-	AL CAUSE WAS	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRED LENTER	R NATURE OF INJURY IN ITEM 18 PART 1 OR PAI	स 2)
CALCERTIF		ING CAUSE OF DEATH		Subject Drowned		
MEDICAL CERTIFICATION	CONTRIBUT		21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) Harbor	21f LOCATION STREET	cirror rown ames St., Balt	o.City, Md.
MEDICAL CERTIF	CONTRIBUT 21d. INJURY WHILE AT WORK	OCCURRED NOT WHILE X (1) AT WORK Ify that I took charge of A	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) HAT DOT he remains described above, held an	21f LOCATION STREET 1700 Blk. Th Autopsy XX, Inspection cide Homicide Unde	Inquiry , ond in my apetermined manner ,	6/10/80
2.	CONTRIBUT 214. INJURY WHILE AT WORK 220. I cert death resul ACTUAL SIGNATURE EXAMINER'S (TYPE OR PR	OCCURRED NOT WHILE XX AT WORK Ify that I took charge of the ted from: Not vro continuous life in the ted from the ted	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) Harbor he remains described above, held an uses , Accident , Suice R. Guard, M.D.	21f LOCATION STREET 1700 Blk. Th Autopsy XX, Inspection Lide Homicide Unde ASSISTANT MET ADDRESS 111 Penn St	Inquiry , and in my apetermined manner ,	6/10/80

A THE STATE OF THE

1000

THE PARTY OF THE PARTY.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) ESTI-Gail R 28,9 80 Blaisbell DEATH MATED KK 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY) PRONOUNCED white 30 female. 8 36 YRS DEAD 70. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MAINE Baltimore City WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Belvedere Baltimore FREE LANCE Newspaper USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13. STREET ADDRESS Belvedere BAITIMORE 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE STELLA 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT PAGES 1 (YES, NO. OR UNKNOWN) (# YES, GIVE WAR OR DATES! 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Hematemesis from esophageal varices DUE TO, OR AS A CONSEQUENCE OF if any, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) CERTIFICATION Cirrhosis liver 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO BURIAL, YES R: PAGE 3 SHOULD BE E STATE DEPARTMENT C 21201 PRIOR TO BURIA NO [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME 21f. LOCATION WARDED AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE TO MEDICAL EXAMINER: 1
EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORV
TO FUNERAL DIRECTOR: 9
AFTER DEATH, WITH THE ST
BALTIMORE, MARYLAND, 21 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from Accident Undetermined monner TITLE (SPECIFY) ACTUAL Assistant 7/31/80 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Hormez R. Guard, M.D. 111 Penn Street Balto MD 21201 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION YARMOUTH BP 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR DHMH - 17 (VR A15 ME (5)) 15M7/77

un =	Asical	U distance mass				
i	T Jelle 7				120	
	7			THE RES	raine.	112 25
	e a wolcombile (golf) arcedo					E sec
			STREET	V C		
		The United				1671
	VAB V					
		C	nEgota no	Sem: min		
			25,			
	7	and the				
7 1	7				, normalise 20	

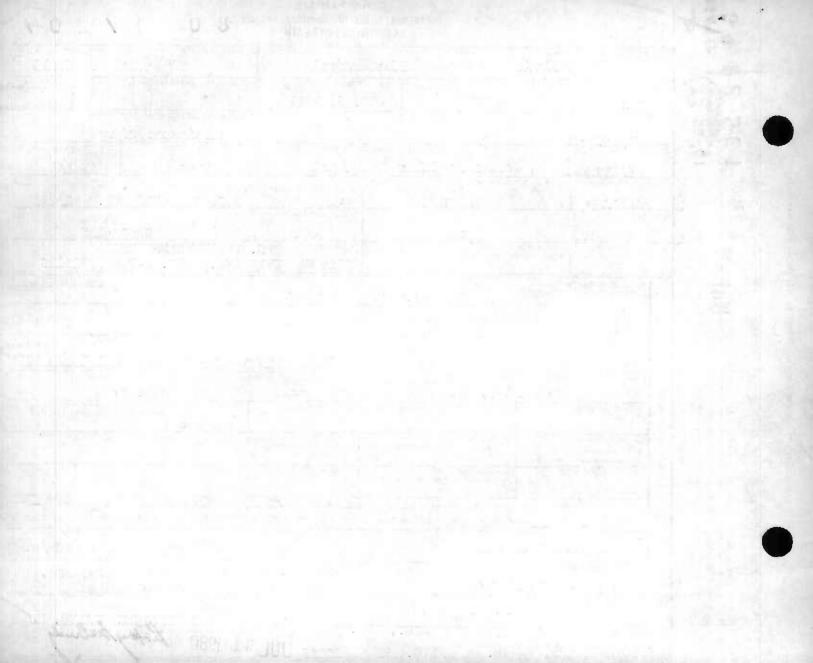
BALTO., MD

21215

(VR A 15 (4))

6010 REISTERSTOWN RD.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



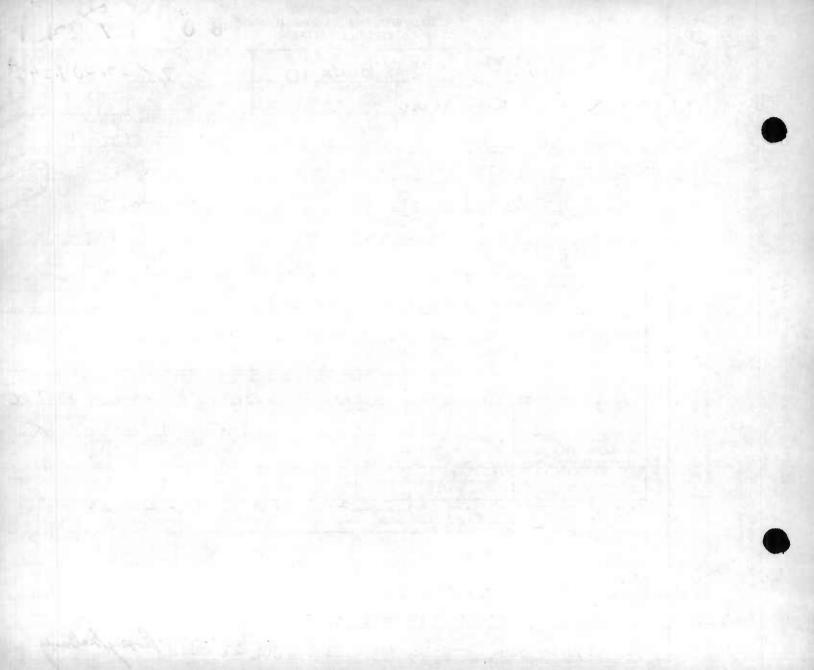
					STATE OF MARYLAN	ID				
5-	FOR STATE REGISTRAR				OF HEALTH AND ME		ENE 8 0		7 2	0 8
(M)	1. DECEASED NAME (TYPE OR PRINT)	FIRST	MIDDLE	BOEHLK	LAST		2e DATE OF DEATH	MONTH DI	9 80	609 P
age 4 m. ector, rs afte	remal.	e '	RACE	2 1	MONTH AN 19	08	AGE (IN YEARS LAST BIR	YRS	ONTHS CAYS	IF UNDER 24 HR
deem. P	70 BIRTHPLACE ISTATE	1.5	CITIZEN OF WHAT O	M	ARRIED NEVER MA	ARRIED	BALTINO			A
by the fued within	10 CITY OR TOWN OF		(IF NOT IN SUCH FACILITY	Y, GIVE STREET ADDRE	OME OR OTHER INSTIT		120 USUAL OCCUPAT TYPE OF WORK FOR MOST O	F WORKING LIFE	12h KIND OF INDUSTRY	BUSINESS
within 24 ho tely filled in should be fil	USUAL RESIDENCE (IF	NURSING HOME OF O	THER INSTITUTION, GIVE RES	TY OR TOWN	138. INSIDE CITY	Y LIMITS?	4331	Belai	in Rose	Q.
ted do	14 FATHER'S NAME	Lony	May t-	e'SKA.	15 MOTHER'S A	41	MIDDLE		LAST	4
an and con Pages 1 an	100 WAS DECEASED E		AR OR DATES)	53483	2 Chent	SA.F	Soch I Ke 8		Ellan C	7.
ysici ysici pers oval.	IN CAUSE OF D PART I. DEAT	EATH (Enter only H WAS CAUSED IMMEDIATE	ane cause per line far BY: CAUSE (a)	101, 161, and 101. ARD106		SHock	4			NSET AND DEAT
it the death certi he attending ph move carbon pa emation, or rem other traumatic	410 - Canditians, if		DUE TO, OR AS A	CONSEQUENCE		JFARC	TION		40	ays
tha by t or	gave rise ta cause (a), s underlying c	immediate tating the	DUE TO, OR AS A	CONSEQUENCE	OF	William	100		I GILL	Sin .
requir n signer nen ple to buri y injur		SIGNIFICANT CO	NDITIONS CONTRIB	UTING TO DEAT	H BUT NOT RELATED TO	O THE TERMIN	NAL DISEASE OR CON	DITION GIVE	N IN PART 1(0)	
I: The law te has beer permit. The law ishows an	TIG. ACCIDENT WA	ERATION NE	196 CONDITION F	OR WHICH OPE	RATION WAS PERFORM	MED	YES NO		WERE FINDING	
yg yg		CAUSE OF DEATH	21b. TIME OF INJUR HOUR A.M. MI		YEAR	JRY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM IB, PA	RT I OR PART 2)	,
NG PH inding frer thi he buri and M	21d. INJURY OCC		216 PLACE OF INJU		211 LOCATION	٧	CITY OR tO	WN	COUNTY	STATE
ATTENDI pital or atte IECTOR: A for use as t for use as t em 21 is má			ottended the deced Tuly 19 view the bady after de	sed fruin	LLY LO	19 80	eath occurred an the d	19 1 ate and haur		natil (we) la
ITAL ITAL ITAL ITAL ITAL ITAL ITAL ITAL	226. SIGNATURE	l Olim	D. P	L And And A	DE GREE ATT	TENDING	MEDICAL STA		222. DATE S	IGNED 9-8
OSP bed bed bed be the S		S NAME (TYPE OR P		MM	22e ADDRESS		MORIALH	-	DEPT.	MED
TO FI shoul with	230. BURIAL, CREMATI		23h. DATE 7-23-80		OF CEMETERY OR CE		23d LOCATION		COUNTY	STATE
DHMH-16 25M	24 FUNERAL DIRECTO	PR A	4216	ADDRESS SELECTIVE			REC'D. BY REGISTRAR	256. REGISTR	AR'S SIGNATU	IRE

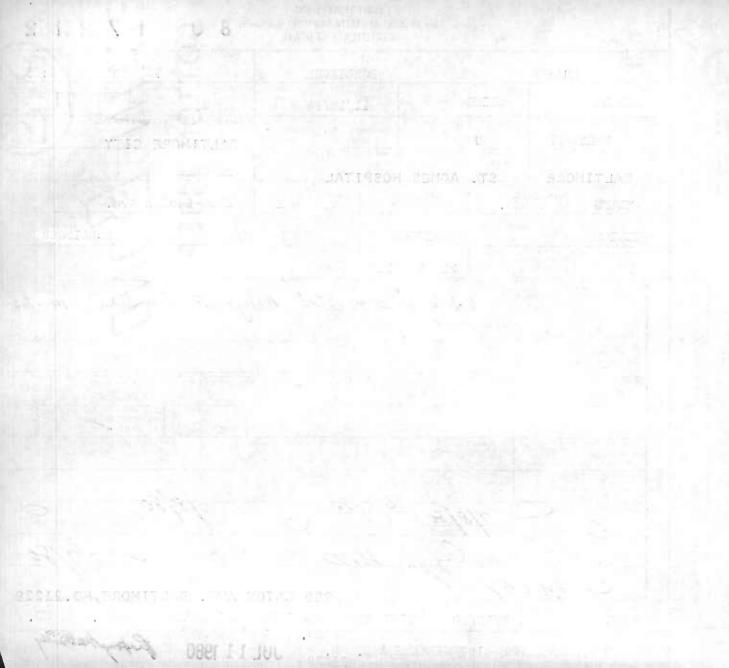
0 8 2 2 2 ROSE BOLYLICE The state of state of ale Act Salvatenton JALIE OF CITY SALFIMORE UNION METORIAL HOSPITAL May has it comes but a wife to be for the involution into the forther productions RISSYTUS CLUB A RELITE SUD ETTE, CT But made the land of the half

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH (TYPE OR PRINT) 80 16 KARL 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX IF LINDER 24 HR 96ª Male White To BIRTHPLACE ISTATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) U.S.A. Germany Baltimore City WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Balti. City St. Agnes Hospital Designer Lion Bros. BALTIMORE, MARYLAND 21201 USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION 13a STATE Se STREET ADDRESS 21229 Maryland Baltimore Kensington 628 Warwick Road 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST p UNK. Albert Boettcher 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Daniel J. Boettcher; 628 Warwick Rd. 21229 No 212-07-8723 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and ic PART I, DEATH WAS CAUSED BY RIGHI DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., 3 DAYS IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause 10), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON Hygier 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) or Hem 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21e PLACE OF INJURY 21f LOCATION 21d. INJURY OCCURRED CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 220.1 certify that (1) (this haspital) attended the deceased from_ saw the deceased alive an above, (1) (we) (did) (did not) view the body after death. ___, and that in (my) (aur) opinion death accurred on the date and haur and from the causes stated 27h SIGNATURE DEGREE 22c DATE SIGNED should be detach with the State De IMPORTANT. If It ATTENDING MEDICAL STAFF 7-16-80 DIRECTOR PHYSICIANA PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ANASTACIO R. DE CASTRO St. Agnes Hospital: 900 Caton Ave. 231. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION Buria1 7-19-80 New Cathedral Cem. Baltimore, Md. 24 FUNERAL DIRECTOR Baltimore 250 DATE REC'D. BY REGISTRAR 256. DHMH - 16 50M 1/76 Hubbard Funeral Home, 4107 Wilkens Ave. 29 (VR A 15 (4))

O 8 lago, reminental assessment DSELVI HILL IN THE CONTRACTOR OF THE PROPERTY
neet of mar	Pagpag	8010	
	coer	ELACK	EASOURT
ALLD SCONIET		ARU	nue ment
TITLE THE STREET	p country a	1132 9770057	HAMINIAN
שב איני זו זה כפעום	II a m	That are the	THE STATE OF
1-10EEE		(Backeta)	U. Para
JACKSCI VORTHEAST AVE	MICHAEL STEEL TOTAL	217-24-7	S ON

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME FIRSTJoseph 20 DATE OF DEATH K. Boland (TYPE OR PRINT) page 3 JUSEP1+ SEX Male 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) White UNDER : YEAR MONTH YEAR DAYS KAN SHIDORY MAKEN 12 1.2 1956 23 IRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH (STATE OR FOREIGN MARRIED NEVER MARRIED Baltimore City Maryland DIVORCED O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION
(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Baltimore City Hospital Rehab. Center Spring Lane DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADM 30 STATE 136, COUNTY 1136, CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Baltimore Dundalk 7809 Lockwood Road Maryland YES [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME John K. Boland MIDDLE JOHN BOLAND Lucille H. Sparks 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT 7809 Lockwood Road (IF YES, GIVE WAR OR DATES) No 218-64-4902 John K. Boland Balto. MD 2122 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY ANDIDE Annis IMMEDIATE CAUSE (0). OR AS A CONSEQUENCE OF RBSPIRATORY gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 CERTIFICATION 20h JE YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? NO ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Mental Hy 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from SO, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated sow the deceased alive on_ abave, (1) (we) (did) (dident) view the body after death 22h SIGNATUR DEGREE 22c. DATE SIGNED + ATTENDING MEDICAL STAFF should be deto with the State IMPORTANT: I FUNERAL DIRECTOR PHYSICIAN PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 236 NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23d LOCATION Sacred Ht.of Jesus Dundalk, Baltimore, 7/26/80 BP Burial 250. DATE REC'D. BY REGISTRAR 256. RESISTRAR'S SYNATRE Duda-Ruck, Inc. 24. FUNERAL DIRECTOR DHMH - 16 60M 1/75 1980 (VR A 15 (4)) 7922 Wise Avenue, Dundalk, MD 21222





SELLOW IVILLIA

SALTITORS

SALTIADRE CITY

UNION TENDRING HOSETEAL

yael ylkel

union remortal hospital

			500			ATE OF MARYLAND		
		1 -	FOR STATE REGISTRAR		CERT	F HEALTH AND MENTAL HY	GIENE 8 O REG. NO.	7214
2 0 4			CEASED NAME FIRST ADAL		LEO BO	PROWSKI	20 DATE OF DEATH MONTH	19-80, 315
(M)		3. SE	MALE	4 RACE WHI	MC	E OF BIRTH DAY AY 20, 1921	6 AGE (IN YEARS LAST BIRTHDAY) 59 YRS	IF UNDER LYEAR IF UNDER 24
eath. Tennerol d	35		RTHPLACE (STATE OR FOREIGN OUNTRY)		S.A. WIDO	RIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
s after d by the fu	31		ALTIMORE, MD.	WE NOT IN SUC	HOSPITAL, NURSING HOM H FACILITY GIVE STREET ADDRESS) ALTIMORE CIT	Y HOSPITALS	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING RETTRED	LIFE) 126 KIND OF CROWN INDUSTRY CROWN CORK and SE
filled in	35 mag 35	13a S	AL RESIDENCE (IF NURSING HOME OF TATE 186 COL	DR OTHER INSTITUTION, JINTY LTIMORE	GIVE RESIDENCE BEFORE ADMISSION 136. CITY OR TOWN EASTPOINT	13d Inside City Limits? Yes \(\) NO \(\)	13e STREET ADDRESS 7739 EASTDALE	RD. # 21224
uted within	o Example		THER'S NAME PETER BOR	OWSKI	LAST	15 MOTHER'S MAIDEN N.		LAST
be execut	2		VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	16b SOCIAL SECURITY NO. 219-03-6479	LAURA E. BO		TDALE RD. 21224.MD.
hot the death certificate by the attending physici ase remove carbon paper I, cremotion, or removol.	ather troumatic even		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OF	ardiopulmon RAS A CONSEQUENCE OF ESPIRATORY IN	ufficiency , Pre	sumed ? myocard	ial trov
w requires t been signed mit. Then ple	ws any injury, or	CERTIFICATION		Encepha		n Cardiopulm		effered 6/1/8
he lo an. has perr	6 /	-				ION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH YES NO
SICIA ng ph certifi irrial-tr	ked or Ifem 18 show	MEDICAL CERTIF	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	R) P./	m. month day yea m. 1	AR 216 HOW INJURY OCCUI	IN CERT	TIFYING CAUSES OF DEATH YES NO
OR ATTENDING PHYSICIAN: he hospital or attending physical DIRECTOR. After this certifican oached for use as the burial-transpect of Health and Mental Hy	If Ifem 21 is morked or Ifem		OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED	HOUR A./ R) P./ 21e. PLACE ((AT HOME, STR	M. MONTH DAY YE, M. 1 OF INJURY EET, FACTORY, OFFICE, FARM, ETC. e deceased from	21f. HOW INJURY OCCUI	YES NO IN CERT NO IN CERT RRED (ENTER NATURE OF INJURY IN ITEM 1E CITY OR TOWN To JULY 19 n death accurred an the date and his	TIFYING CAUSES OF DEATH YES NO NO COUNTY STATE 19 No (1) (we
ATTENDING PHYSICIAN. sospital or attending physic ECTOR. After this certificated for use as the burial-trans. t. of Health and Mental Hy.	If Ifem 21 is morked or Ifem		OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this has, sow the deceased alive a above, (1) (we) (did) (did in an arm).	P./ 21e. PLACE ((AT HOME, STR portol) offended the in Tuly view the body OR PRINT)	M. MONTH DAY YE, M. 1 DF INJURY EET, FACTORY, OFFICE, FARM, ETC. e deceased from ther death. Lick M.D.	21f. HOW INJURY OCCUI 21f. LOCATION STREET 21f. LOCATION On the street of the street	YES NO IN CERT NO IN CERT RRED (ENTER NATURE OF INJURY IN ITEM 1E CITY OR TOWN To JULY 19 n death accurred an the date and his	COUNTY STATE 19

NAME - NAME - NAME - 30, 1921 - 599

A.E.U U.S.A. CHOME, ILL. BALTINORS CHY BORFTALS REFIELD COMP. and SHAL

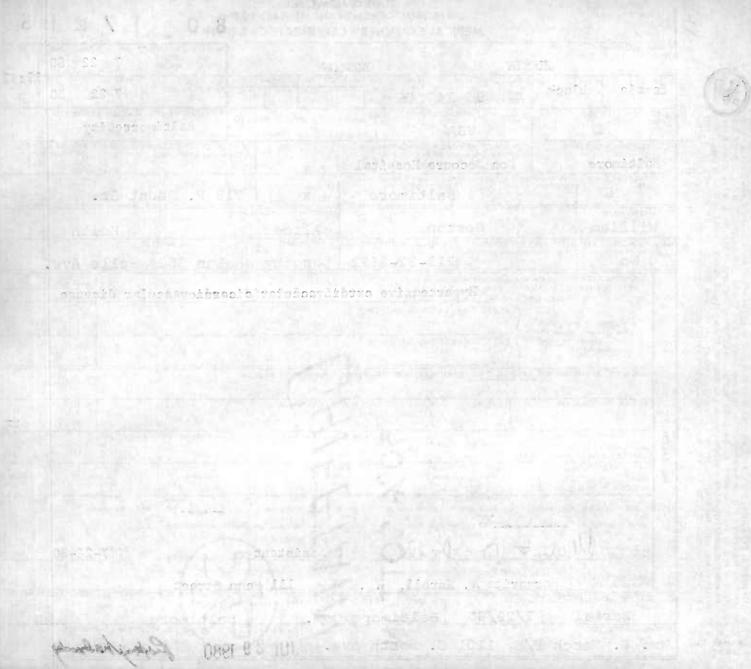
LD. HALLINGLE HAST-DIST R 7737 EASTLAND DIST

6/10/19 - 1 - 1 - 1 - 1 -T GATHERIAN Y 7739 445 000 8 80. YES W.W.YI 219-02-5479 LAURA E. SCHOTZET : DALTO., 21226,50.

BURIAL 7-23-80, OAK LAWN CAREERS 7225 LESERY BEVELOA. dt., ED.

STATE PARTITION AND MALIO,, 27224, H.

MIN SHORETHA

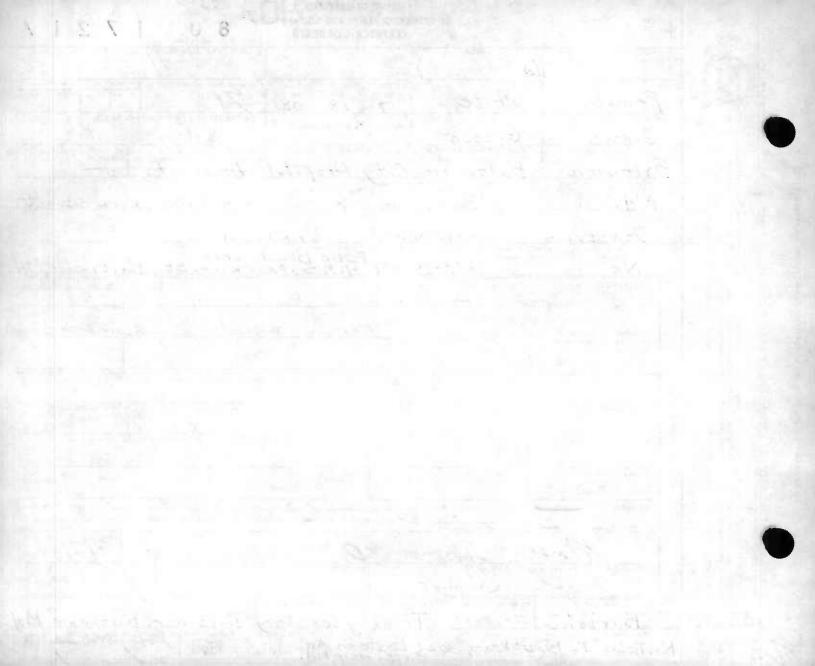


7	1	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENT. CERTIFICATE OF DEATI	
3		CEASED NAME FRST	S R BOTSAT	20 DATE OF DEATH MONTH DAY YEAR 126 HOUR 7-25-80 10:45
ge 4 may	3 SE	×	RACE S DATE OF BIRTH MONTH DAY FEB 11 8	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR AR MONTHS DAYS HOURS MIN
eral dree 72 hours	7r. B	IRTHPLACE (STATE OR FOREIGN OUNTRY) ALABAMA	76 CITIZEN OF WHAT COUNTRY? MARRIED ☐ NEVER MARRIE	I DALTIMODE CITY
by the funed within	10	ALTI MORE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ST AGNES HOSPITAL	
filled in build be file	USU	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	NITS? IIA. STREET ADDRESS
couted with	14. F.	ATHER'S NAME	MODIE BITS A I SAR	
n and con Pages 1 ar			MED FORCES? THE SOCIAL SECURITY NO 17 INFORMANT E WAR OR DATES! 192-05-16764 SA	RAH L. BOTSAI ROCKVILLE
ysicia ysicia pers. oval.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one cause per line far (a), (b), and (c)	meta statu disease REINERNONSEI AND DEAT
is that the death certically by the attending phase remove carbon palal, cremation, or remove corbon partically, or other traumatic,		Canditians, if any, which gave rise to immediate cause ial, stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF (b) CAR CITUS MA Of OLST DUE TO, OR AS A CONSEQUENCE OF	phagus
w require en signed fhen plea rr to burii ny injury	N O	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
A: The lar	CERTIFICATION	7/25/80	gastic stony for feed!	206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
SICIAN ysician ertifica transit tal Hyg	<i>)</i>	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DAY YEAR	OCCURRED (ENTER NATURE OF INJURY IN ITEM TB, PART 1 OR PART 2)
S F G P S	MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK	21R PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN COUNTY STATE
TOR: use a Heal		22a I certify that (I) (this hasping saw the deceased alive an	ital) attended the deceased from 19, 19, and that in (my) (aur) of the body after death.	80 , to July 25 , 19 80 , that (I) (we) I opinion death accurred an the date and hour and from the causes stated
TAL OH AT the hospital AL DIRECT etached for ore Dept. of		226. SIGNATURE T	DEGREE M D ATTEND	DING MEDICAL STAFF CIAN DIRECTOR PHYSICIAN P 7/25/80
TO HOSPITAL retained by the TO FUNERAL Should be detack with the State D MPORTANT: I		BICH TH	ORPRINI) UY DUONG ST A	GNES HOSPITAL.
TO F should with	230	BURIAL, CREMATION, REMOVAL SPECIFY) GREMATION	236 DATE 236 NAME OF CEMETERY OR CREMA JULY 28/80 WESTVIEW	MEM CATONSVILLE M
DHMH-16 25M (VRA 15, 4) 1/79	V	UNIERAL DIRECTOR	DH volked to and My	Sn. DATINE DE SYNEGO DE 25h. REGETRARIS SIGNATURE

YT10 3RGHITLES

BALTI MORE ST ACHES HOSPITAL

with 36 Miles



aul E. Chenoweth 3rd. 3617 Chestnut Ave.

FOR STATE

DHMH - 16 50M 7/77 (VR A 15 (4)) REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙊

CERTIFICATE OF DEATH

See A St. V. Terrain Branch Br •=110 Was . Will The state of the s * 005 P er film toe. 100 - . mys gunt sent MEDE . Lat. 46 should . . . Lat.

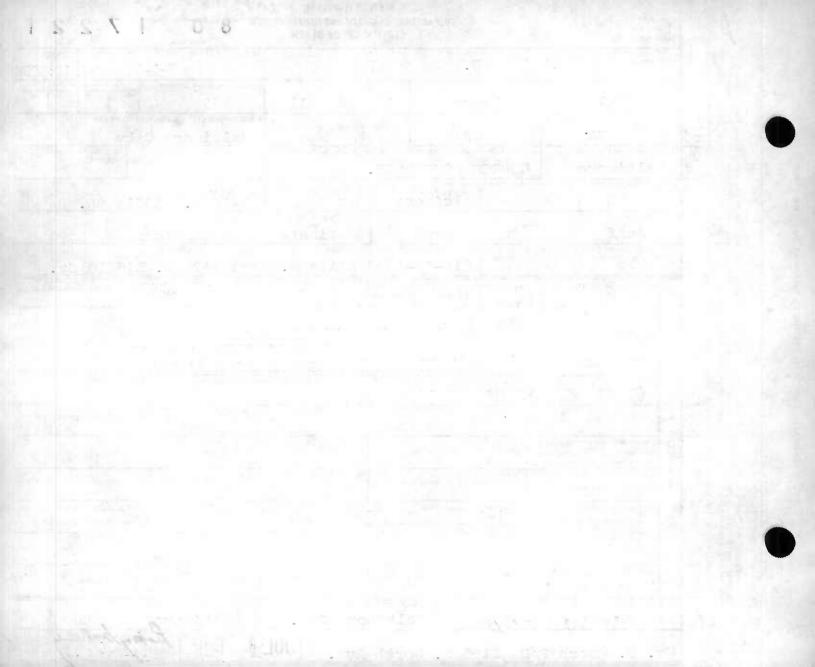
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

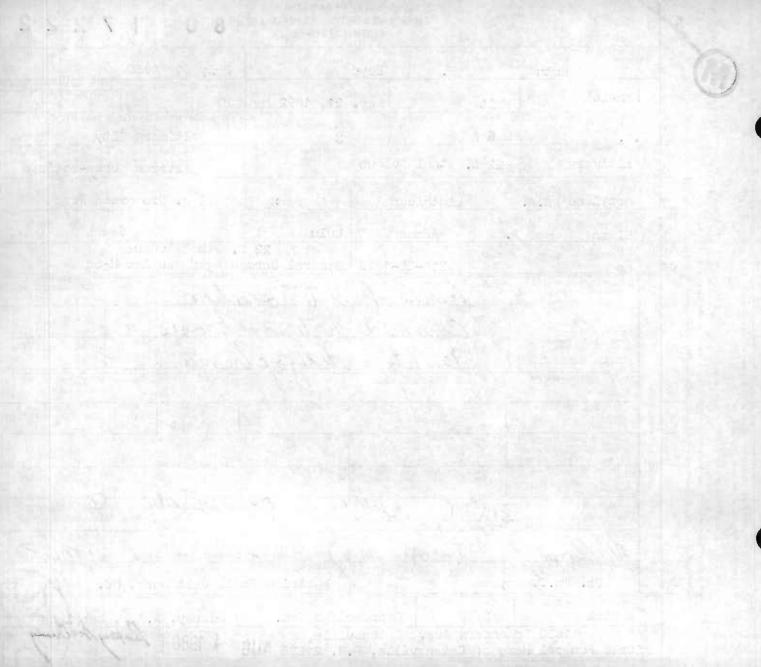
24 B 34 C discussification is its 7 The state of the s 1136 FED 14 14 the continued the total deat force deat. 2 5 Mangatenerial Niv. Caltinors 111 29 1880 Papayabalandy

US S Solve C O conspension services some at their



Witzke Funeral Home of Catonsville, P.A. 21228 AUG

(VRA 15 (4))



efect .l year elys-

8 1 7 7 2 2 2 2 A Secretarian Sect Transfer CV. Transfer Museum PROMINENT P RETROLOUNE TORGER West This IL

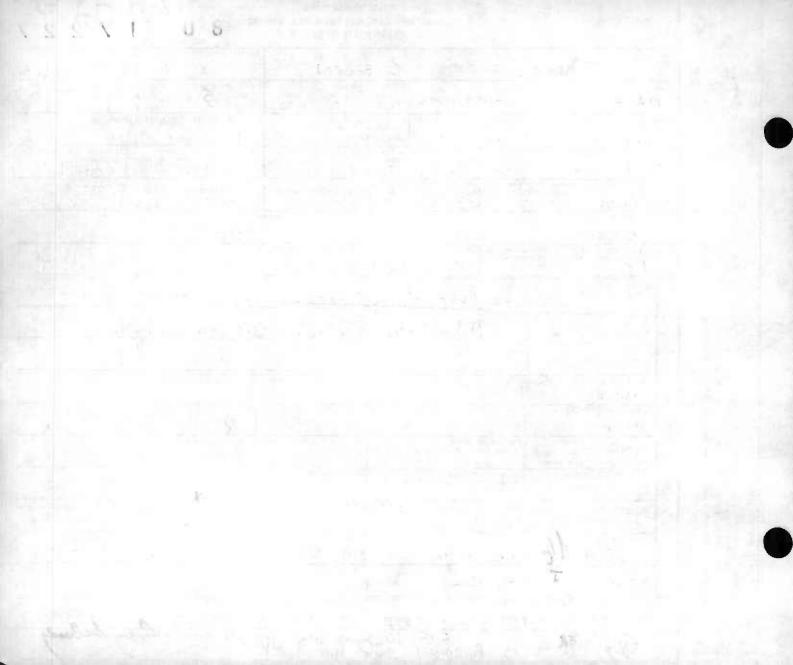
11	FOR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYG	IENE A A	mg (5) (3) 2:00
7	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	1 2 2 3
	ECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
2	Edna	D.	Brag	7	16 80 2:50P
3 SI	EX न	4. RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		76 CITIZEN OF WHAT COUNT	, == 0)	9 BALTIMORE CITY OR COUN	TY OF DEATH
\$ 55 M	aryland	USA	WIDOWED DIVORCED	BALTIMORE	CITY
Ohnotified 10 0	BALTIMORE		SING HOME OR OTHER INSTITUTION SET APPRESSI HOSPITAL	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING BOOKKEEDET	12b. KIND OF BUSINESS OF INDUSTRY
130	UAL RESIDENCE (IF NURSING HOME OR STATE TO COUN CALL)	TY 13c CITY OR TO	FORE ADMISSION) DWN 13d. INSIDE CITY LIMITS? VILLE YES NOXX	13e STREET ADDRESS 4527 Old Wash	ninoton Road
14 F	FATHER'S NAME	AIDDLE LAST	15 MOTHER'S MAIDEN NA	ME	
100	Ambrose	Derwa	rt Laura	MIDDLE	Rupp
O 16a	WAS DECEASED EVER IN U.S. AR/ (YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)		Sykesville, Man	yland 21784
the m	No L			fmeister, JR. 452	
event,	18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSED	BY.	ceamic Shock	2)°	BETWEEN ONSET AND DEATH
-	11393	E CAUSE (o)	D ves C	CAUSE	
froumatic	7712	DUE TO, OR AS A CONSE	DUENCE OF CCVD		10000
	Conditions, if any, which gave rise to immediate	(b)			
ather	underlying couse lost	DUE TO, OR AS A CONSE	DUENCE OF		
ry. or	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION O	SIVEN IN PART ITO
8 shows ony injur	190 DATE OF OPERATION	THE CONDITION FOR WA	CH OPERATION WAS PERFORMED	200 AUTOPSY? 20b IF Y	ES, WERE FINDINGS USED
PICA BICA	190 DATE OF OPERATION	198 CONDITION FOR WH	CH OPERATION WAS PERFORMED	IN CER	TIFYING CAUSES OF DEATH?
ER + Sp	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	THE HOW INJURY OCCUR	YES NO RED (ENTER NATURE OF INJURY IN ITEM 18	YES NO NO
	OR CONTRIBUTING CAUSE OF DEAL		DAY YEAR		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
d or Item	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
× ×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.)	S / /	COUNTY STATE
morked	22a.1 certify that (1) (this hospit	oi) ottended the deceased tro	n -1/6/80 19		, 19 60 , that (I) (we) los
21 :	sow the deceased alive on above, (1) (we) (did) (did not	116 0	ond that in (my) (our) opinion	death occurred on the date and h	our and from the causes stated
#e#	22b. SIGNATURE	<u></u>	DEGREE		22c. DATE SIGNED
±	Merci		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/16/80
IMPORTAN	226. PHYSICIAN'S NAME (TYPE OF		22e ADDRESS		21229
MPORTANI	NOOR	M. MERC		CATON AVE. BA	LTIMORE, MD.
	BURIAL, CREMATION, REMOVAL (SPECIFY)		R. NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
24	Burial FUNERAL DIRECTOR	7/18/80	Woodlawn I250 DAT		aryland
	Witzke Funeral H	lone 1630 Edmo	ndson Avenue	. 0 1 4000	ofthy Metrody

ST. ACHES POSPITAL - PARTE . STATE . WA . FREELINGER, AND.

10	1								ARYLAN						
128	1-	FOR STATE					MENT OF				()	0	1 "	7 9 9	6
1000		REGISTRAR	NEST ALL	1.00	WED		EXAMIN	ER'S C	ERTIFIC	ATE O		REG.		la la	
		CEASED NAM PE OR PRINT)				MIDDLE			LAST		20. DA		MONTH		2b. HOUR
D, WITHIN 72 HOURS W. PRESTON STREET,		LWOOD	ETIM			C.			RANCH			ATH MATED	•	21 ,80	M
STRE	3. SE	X	4. RACE	5. DATE	OF BIRTH DAY	YEAR	6. AGE (IN YEA			F UNDER 2	4 HRS. 2c. D	OUNCED	HINOM	DAY YEAR	8:14 PM
	7.11	ale	negro	1	20	15	65yr	s.		-774	D	EAD	7	21 ,80	Pw
20		IRTHPLACE (S DREIGN COUNTRY)	TATE OR	76. CITIZ	EN OF WH	AT COUN	TRY?	8. MARRI	ED X NEVI	ER MARRIE	D		_	TY OF DEATH	
10)		N.C.		US		Table 1	WIDOW		DIVORCE		ltimore			MD.
		ITY OR TOWN			OT IN SUCH FAC	ILITY, GIVE S	RSING HOME		ER INSTITUTI	ION	12a. USUAL OC FOR MOST OF	CUPATION (WORKING LIFE)	TYPE OF WORK	OR INDUS	TRY
1		Baltimo:					mount		1000		1819	1336			
7		TATE	(IF IN NURSING HOME		STITUTION, GIVE		OR TOWN		13d. INSIDE CIT	Y LIMITS?	13e. SIREEL AD	DRESS			
	2	MD				Ba.	timor	·e	YES 🔼	NO [2702	Gree	nmour	nt Aver	nue
	14. F	ATHER'S NAM		WIDDLE			LAST ,		15. MOTHER	R'S MAIDEN	NAME	WIDDLE		LAST	
N	1	Člee					anch			ggie				cick	
1	160.	WAS DECEASE res, no, or unkno NO	D EVER IN U.S. AF	E WAR OR DAT	CES? res)		IAL SECURITY		17. INFORM		D	ADDRE			7
		No				243	3-20-2	987	Luci.	TIE 1	Branco	2/02	Gree	enmount	ave.
		18 CAUSE C	OF DEATH (Enter of	nly ane cau								540.150		BETWEEN ON	SET AND DEATH
Z Z		1100		ATE CAUSE	(a)				cardic	vascu	ular di	sease	3164		
BURIAL-TRANSIT PERMIT. AND MENTAL HYGIENE, I DN, OR REMOVAL.		7	ns, if any, which	-	UE TO, OR A	AS A CON	ISEQUENCE ()F							
REMOVA	100	gave ri	se ta immediate	e /	(b)										
		lying cau) stating the <u>under</u> use last.	DI	UE TO, OR A	AS A CON	ISEQUENCE ()F							
				((c)										
	z	PART 2 OTHER ST	IGNIFICANT CONDITIONS	S CONTRIBUTION	NG TO DEATH BE	UT NOT RELA	TEO TO THE TERM	NAL OISEASE	OR CONDITION	GIVEN IN PART	[] (a).				
100	1 8	100 DATE OF	OPERATION	T16	h CONDITI	ONEOR	WHICH OPER	ATION W	AS DEDECIDA	AED2			ST and	20. AUTOPS	v2
7	5	IVE. DAIL OF	O'EKA/IOI	"	u. CONDIN	OIVIOR	WINCII OI EK		ASTERI ORN						
	MEDICAL CERTIFICATION	21a. EXTERNA	AL CAUSE WAS	23	b. TIME OF	INJURY		21c. HC	OW INJURY (OCCURRED	ENTER NATURE	OF INJURY IN ITEM	18 PART 1 OR P	YES [NO 🔯
2	N C	UNDERLYING	G OR	-	HOUR A.M.		DAY YEAR			COUNTED	, and a second to				
	DIC	21d. INJURY O	NG CAUSE OF		P.M.	F INJURY	(AT HOME,	21f. LO	CATION						
	ME	WHILE	NOT WHILE (STREET, FACTO				TREET		CITY	OR TOWN	C	OUNTY	STATE
		AT WORK	AT WORK								IX 1				
	1,7	22a. I certi	fy that I taak char	ge of the re	emains descr	ribed obo	ve, held an	Autop	sy 🔲,	Inspection	X, Inq	uiry 🔲, _	and in my o	pinion	
13		death result	ed fram: Natu	ural causes	T-4.	Accident	L, Sui	cide .	, Hamicia		Undetermine	d manner _],		
		ACTUAL	In	1 1	10	1	\		TITLE (SP		+		DATE	7-22-	80
-	-	SIGNATURE.	1	14/	V/V	_		M	D. ASSI	istan	MEDICALE	XAMINER	SIGN	VED	
d	7	EXAMINER'S (TYPE OR PRI	NAME A	nn M.	Dixo	n, M	.D.		ADDRESS	111	L Penn	St.			
	23a.1	URIAL, CREMA	TION, REMOVAL	23b. DATE		23c. 1	NAME OF CEA			RY	23d. LOCATIC	N		an Irv	
		SPECIFY) Bur	ial	7/26	5/80		nurch					way	COI	UNTY	STATE
	24.1	UNERAL DIREC		1	ADDRESS			201	2	50. DATE RE	EC'D. BY REGIS	STRAR T25b. RE	SPRAN'S	SIGNATURE	
	TAT	n. C.	March I	F/H	1101	E.	North	n Av	e.	JU	64 1	980	mojery	1/1/2 Cres	dy
(5))	141														

					column decart
					C'CED
THE REPORT OF STREET					6920.0.0
		•	uva chidillo	12 12	E TOWN
Modelett					
		4 F 52 F 1 F	112-01-6		
	Terms Total	ONG Q THE	E BUELLE TO	COUNTY NO.	
		7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
					~ 4
- ` - j`					
-2 =1		4 50			
	. 1				un x
				(10	turis i
	. 1				tu x

		- STATE REGISTRAR CEASED NAME FIRST	WIDDIE	CERTIFICATE OF DEATH	REG. NO.	H DAY YEAR 126 H
		CEASED NAME FIRST		BREEDEN	20 DATE OF DEATH MONTH	19 80 1C
W.	3 SE	x MALE	CAUCHSION	S DATE OF BIRTH MONTH OI 1915	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOUR
pg 3		IRTHPLACE" (STATE OR FOREIGN OUNTRY) VIVOLVALU	The CITIZEN OF WHAT COUNTRY		Baltimore City or CO	
st be not	10_C		11. NAME OF HOSPITAL, NURSE (IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	KING LIFE) 126 KIND OF BUS
miner mu	130	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	ITY 134 CITY OR TO	MULE ARE B NO []	13. STREET ADDRESS 5025cu	th Hyhland
diçal exa	14 F	ATHER'S NAME F#ST UNKNOWN	BREEDEN	15 MOTHER'S MAIDEN NA	UNKNOWN	LAST
event, the medi		WAS DECEASED EVER IN U.S. ARAYES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SEC WAR OR DATES) 212-16	URITY NO 17 INFORMANT (WIE	7 1	25 outh Highle
y, or other		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU	JENCE OF	Staffe -	
any injury, or	ATION	underlying couse last	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS U
18 shows any injury, or	ERTIFICATION	PART 2 OTHER SIGNIFICANT C NOVE 190 DATE OF OPERATION NOVE	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY? 200.	FYES, WERE FINDINGS U CERTIFYING CAUSES OF DI YES \rightarrow NO
n 18 shows any injury, or	ICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT C NOVE 190 DATE OF OPERATION 100 ACCIPENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA 1# EITHER, NOTHY MEDICAL EXAMINER)	196 CONDITION FOR WHICH THE TIME OF INJURY HOUR A.M. MONTH D.M.	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED 21c HOW (NJURY OCCUR	200 AUTOPSY? 200.	FYES, WERE FINDINGS U CERTIFYING CAUSES OF DI YES \rightarrow NO
ked or Item 18 shows any injury, or	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT C NONE 190 DATE OF OPERATION 110. ACCIPENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	196 CONDITION FOR WHICH 196 CONDITION FOR WHICH 196 HOUR A.M. MONTH D	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED 210 HOW INJURY OCCUR 19 211 LOCATION	200 AUTOPSY? 200.	FYES, WERE FINDINGS U CERTIFYING CAUSES OF DI YES \rightarrow NO
d or Item 18 shows any injury, or		PART 2 OTHER SIGNIFICANT C NOVE 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEA 1 IF EITHER. NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	196 CONDITION FOR WHICH 196 CONDITION FOR WHICH 196 CONDITION FOR WHICH 196 CONDITION FOR WHICH 197 HOUR A.M. MONTH D. 198 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FACTORY, OFFI	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED 21c HOW (NJURY OCCUR 19 211 LOCATION STREET 19 211 LOCATION	200 AUTOPSY? 200. IN C	(F YES, WERE FINDINGS U CERTIFYING CAUSES OF DI YES NO EM 18, PART T OR PART 2) COUNTY , 19 20, that {
If Item 21 is marked or Item 18 shows any injury, or		UNDERLYING COUSE TOST PART 2 OTHER SIGNIFICANT C NONE 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA 18 ETHER, NOTBY MEDICAL EXAMINER) 210. INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE OF A WORK 220. I certify that (I) (this hospit saw the deceased alive on above. (I) (we) Idial (did not 22b). SIGNATURE	196 CONDITION FOR WHICH 196 CONDITION FOR WHICH 197 HOUR A.M. MONTH D.M. 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 100) oftended the deceosed from the condition of the body ofter death.	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED 21c HOW (NJURY OCCUR 19 211 LOCATION STREET DEGREE ATTENDING PHYSICIAN [200 AUTOPSY? 200 IN C YES NO CITYOR TOWN CITYOR TOWN death occurred on the date of MEDICAL STAFF	(FYES, WERE FINDINGS U CERTIFYING CAUSES OF DI YES NO EM 18, PART T OR PART 2) COUNTY 19 1, that { Ind hour and from the couse
Item 21 is marked or Item 18 shows any injury, or		UNDERLYING COUSE TOST PART 2 OTHER SIGNIFICANT C NOVE 190 DATE OF OPERATION 210. ACCIPENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA 196 ETHER. NOTEY MEDICAL EXAMINER) 216. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospit saw the deceosed alive on obove, (1) (we) Idid I (d.d. not obove, (1) (we) Idid I (d.d. not	196 CONDITION FOR WHICH 196 CONDITION FOR WHICH 197 HOUR A.M. MONTH D.M. 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 100) oftended the deceosed from the condition of the body ofter death.	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED 21c HOW (NJURY OCCUR 19 211 LOCATION STREET , and that in (my) (our) opinion DEGREE MAIN ATTENDING	200 AUTOPSY? 200 IN C YES NO CITYOR TOWN CITYOR TOWN death occurred on the date of MEDICAL STAFF	(FYES, WERE FINDINGS U CERTIFYING CAUSES OF DI YES NO EM 18, PART T OR PART 2) COUNTY 19 1, that { Ind hour and from the couse



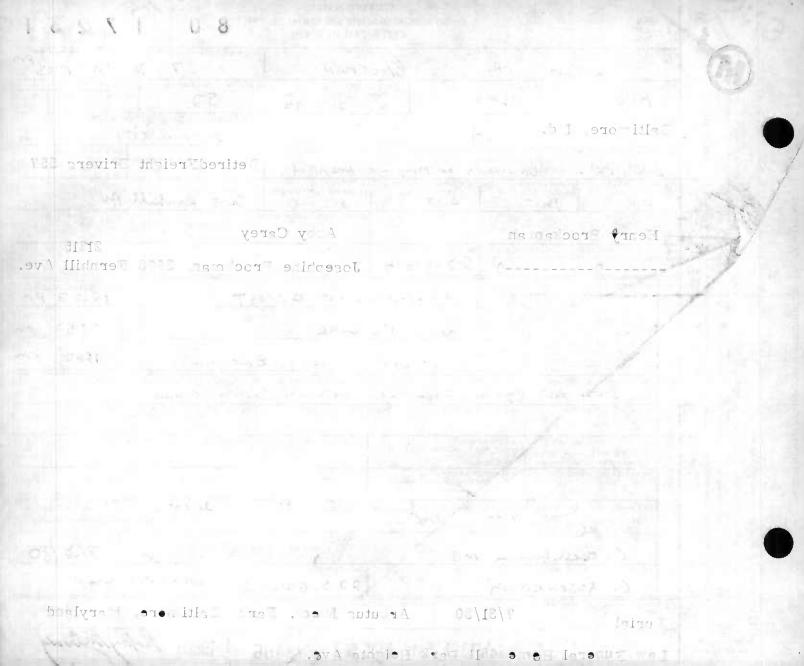
and Aldred and the state of which we have first to the same of the same of the same of B. C. Friday C. P.

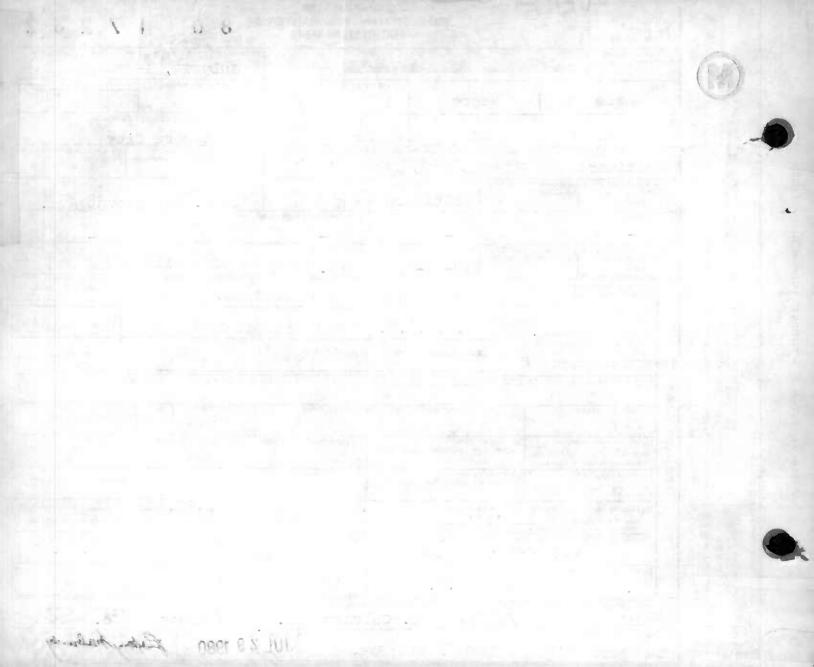
	1				STAT	OF MARYLAN	ID				
/	1.	FOR - STATE REGISTRAR		DEPART		EALTH AND ME		IENE 8 0	0.	7 2	229
		CEASED NAME FIRST E OR PRINT)	* 18 c	MIDDLE		AST		20. DATE OF DEATH	MONTH DA	AY YEAR	26. HOUR
nay be page 3 r death		Elmi	ra	Α.	Bri	scoe		July 29	1980		11:40 ^a M
ma, pa	3. SE	Х	4 RACE		5. DATE C			& AGE (IN YEARS LAST OF	THDAY	# UNDER I YEAR	
aft ce.		Female	E	3	9	15	83	96	YRS	ONTHS DAYS	HOURS MIN
1 50 FO		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MA	POISO [9 BALTIMORE CITY	OR COUNTY	OF DEATH	
1 79 300		Va.	US	SA	WIDOWE		DRCED	Baltimo	e City		MD.
		Baltimore	Mary 1	HOSPITAL, NURSIN CHEACILITY, GIVE STREET and Gener	al Ho		UTION	120 USUAL OCCUPAT TYPE OF WORK FOR MOST	ION	12h KIND (OF BUSINESS OR
in 24 h	USU 130.	AL RESIDENCE (# NURSING HOW STATE 136 CO	SE OR OTHER INSTITUTION DUNTY	I GIVE RESIDENCE BEFOR 13c CITY OR TOW Balto.	E ADMISSION)	134 INSIDE CITY	Y LIMITS?	13. STREET ADDRESS 1804 Mad	ison Av	renue	
mplettely md 2 sho	14. F.	ATHER'S NAME FIRST	Robin	nson (AST		15 MOTHER'S M	ST	ME	£ w	LA	ST
1 20 00	16a \	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMAN	Ť	ADDR	ESS	Har	per Ferry
4 E 4 /		No No	GIVE WAR OR DATES	220-30-2	2784	Marie 1	Brisco	e Rt. 1	Box 34	11 W.,	. Va.
death certific tending physicarbon pape on, or removitraumatic evit		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r anly ane cause pe	r line far (a), (b), an	dicti					BETWEEN	CMATE INTERVAL
DING PHYSICIAN: The law requires that the death cert strending physician. After this certificate has been signed by the attending ph is the burial-transit permit. Then please remove carbon pa th and Mental Hygiene prior to burial, cremation, or remmarked or Item 18 shows any injury, or other traumation.	CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	DUE TO, O	OR AS A CONSEQUE		NOT RELATED TO	O THE TERM	INAL DISEASE OR CON	IDITION GIVE	N IN PART 1	(0)
CIAN: The law cian. The law cian. The law host permit. The Hygiene prior m 18 shows an		190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	WAS PERFORA	MED	200 AUTOPSY?			NGS USED S OF DEATH?
PHYSICIAN ng physician. ng physician. urial-transit p Mental Hygi d or Item 18		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A		AY YEAR	21c HOW INJU	JRY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PAI	RT 1 OR PART 2)	
DING PHY ttending pl After this s the burial th and Mer marked or	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	21F LOCATION STREET	1	CITY OR TO	wn	COUNTY	STATE
I or all		22e certify that N (this his saw the deceased alive above, N (we) (did) N			July 80 or		19 <u>80</u> Iur) apinian c	, taJuly death accurred an the a			that (K (we) last causes stated
BITALOR AT by the hospital by the hospital ERAL DIRECT e detached for us State Dept. of		220. SIGNATURE	lfingis,	m.D.		PH	TENDING TYSICIAN	MEDICAL STA DIRECTOR PHYSI	FF CIANZ		y 29, 1980
TO HOSPITAL OF A retained by the hospital TO FUNERAL DIREC should be detached for with the State Dept. of IMPORTANT: If Item		GIGI Girg	is, M.D.			c/o Ma	ryland	d General H	ospita	1	
14/BP 5	_ '	BURIAL, CREMATION, REMOV SPECIFY) Burial	73b. DATE 8/1/80			emetery or cris	k.	23d LOCATION CITY OF TOWN Arbutus	, Md.	COUNTY	STATE
DHMH-16 25M	24. F	UNERAL DIRECTOR		ADDRESS				REC'D. BY REGISTRAF	25b. REGISTR	AR'S SICINA	TARE
(VRA 15, 4) 1/79		Wm C March	F/H	1101 E. N	orth A	Ave.	JU	L 3 J 1980	hord	7	7

HII	July 25 . 190	eosei tii	svini .
	Caltione city		
		lealgraf forena bool	rat samilion
	D863214 T	Acertosclereste sandiavascula	
		erioravacular recitent	
	EL YIM	23 July 27 20	Vinte and A
		23 July 27 20	Link york a
	Ex VIIII	23 July 27 × 20	Yhub. youx Audi A
		- 10 X	yluk yaz x

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 26. HOUR 2ª DATE OF DEATH MONTH (TYPE OR PRINT) 0 Robert BRITTINGHAM James 3 SEX 4 RACE S DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF LINDER LYCAR IF UNDER 34 HRS DAYS HOURS 1920 Male Caucasian April To BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORF "ITY OR COUNTY OF DEATH COUNTRY USA Maryland Baltimore City WIDOWED DIVORCED | 10 CITY OR TOWN OF DEAT 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 124 USUAL OCCUPATION
(TYPE DECYORK FOR MOST OF WORKING LIFE) 12h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE-STREET ADDRESS) Painting Baltimore Decoar S Hospital Painter USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 1710 West Lombard Street Baltimore Maryland YES FL NO F 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE BRITTINGHAM PUSEY E. Rome Lottie 1710 W. Lombard St. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs. Maryland Brittingham Baltimore, Md.21223 216-34-7530 No APPROXIMATE INTERVAL IB CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Metastate Carcinoma Conditions, if ony, which gave rise to immediate cause (o), stating 5/3/180 DUE TO, OR AS A CONSEQUENCE OF underlying cause rismoid Carcinoma PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0 CERTIFICATION ONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO IT 21a. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 214. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE 22a. I certify that (I) (this hospital) attended the deceased from saw the deceased olive on abave, (Deceased olive on view the body ofter death , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR | PHYSICIAN 22e ADDRESS should be with the S 23a. BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIFY Baltimore Anne Arundel Md. 07/14/80 Cedar Hill Cemetery Burial 24 FUNERAL DIRECTOR 4107 Wilkens Ave 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-16 25M** (VRA 15, 4) 1/79 Hubbard Funeral Home, Inc. Balto., Md. 21229

0 6 5 7 1 7 9 8 9 9 1 7 2 3 0 0 Appendigues of the second section of the sec The Colors of the Color of the The set of the second and the second and the second second second



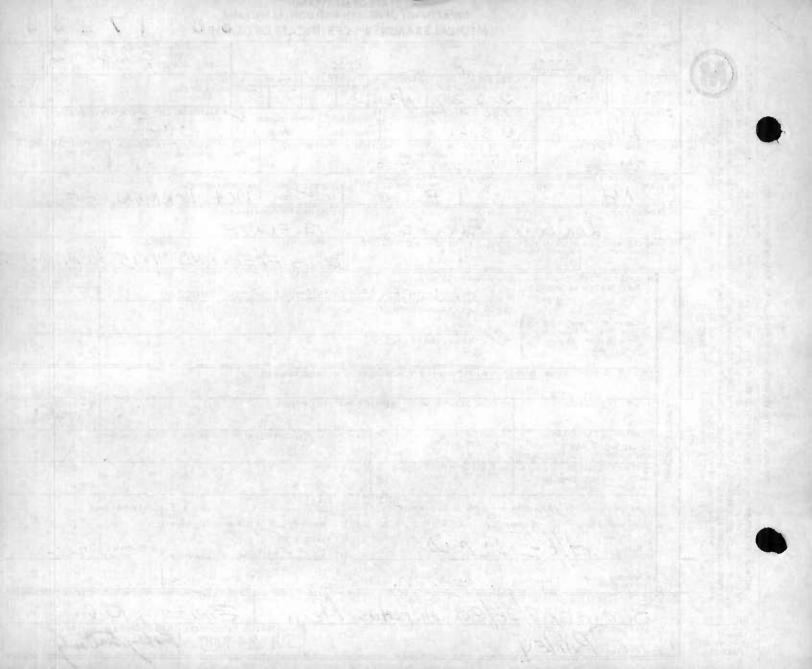


1 FOR	DEPARTMENT OF H	IEALTH AND MENTAL H	GIENE,	1 7 0 2
1 - STATE REGISTRAR	MEDICAL EXAMINE	ER'S CERTIFICATE OF	FDEATH U REG. NO	1 / 4 3
DECEASED NAME FIRST	MIDOLE	LAST	2a. DATE KNOWN	
Horace	L.	Brooks	OF ESTI-	
4. RACE 5. DAT	E OF BIRTH 6. AGE (IN YEAR	RS IF UNDER 1 YR. IF UNDER 2		MONTH DAY YEAR 24
Male Black	6-11-23 57 YR	THOUSE DATE THOUSE	MIN. PRONOUNCED DEAD	7 5 19 80 2
A BIRTHPLACE (STATE OR 7b. CIT	TIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIE	9. BALTIMORE CITY O	R COUNTY OF DEATH
FOREIGN COUNTRY)	u.s.A.	WIDOWED DIVORCE		more City,
10 CITY OR TOWN OF DEATH II. NA	AME OF HOSPITAL, NURSING HOME,		120. USUAL OCCUPATION (TYPE	OF WORK 12b. KIND OF BUSIN
Baltimore	5308 Wabash Avenu	e	BALTO, GAS !	OR INDUSTRY
USUAL RESIDENCE IF IN NURSING HOME OR OTHER I		N]		372.C1
W. ISB. COUNTY	BALTO.	YES W NO	5308 WASAS	h Ava.
14. FATHER'S NAME		15. MOTHER'S MAIDEN	NAME	7,700
FIRST HOTACE MICHAELE	Brooks	FIRST	he ada 5	DIKP & LAST
160. WAS DECEASED EVER IN U.S. ARMED FO	PRCES? 16b. SOCIAL SECURITY		he ada e	1711/2
(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR O	222-67-8	996 Or Bra	oks SA	ME
II CAUSE OF DEATH (Enter only one co		TIO DIA -DRO	DR) JA	APPROXIMATE IN
PART I DEATH WAS CAUSED BY:	Arterioscler	otic Cardiovaso	ular Disease	BETWEEN ONSET AN
4292 IMMEDIATE CAUS	DUE TO, OR AS A CONSEQUENCE O		TOTAL DEDUCATE	
Canditions, if any, which				
gave rise to immediate cause (a) stating the under-	(b) DUE TO, OR AS A CONSEQUENCE O	E		
lying cause last.				
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT BELATED TO THE TERMIN	ATT DICETTE OF CONDITION COLOR IN STATE		
	THE TO OLATA HOT NOT RECATED TO THE TERMIN	ANT DISEASE OR CONDITION GIVEN IN PART	I (0).	
190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS	196. CONDITION FOR WHICH OPERA	TION WAS PERFORMED?		20 AUTOPSY?
08				
210. EXTERNAL CAUSE WAS	21b. TIME OF INJURY	121r HOW IN HIPY OCCUPRED	(ENTER NATURE OF INJURY IN ITEM 18 P.	YES N
UNDERLYING OR	HOUR A.M. MONTH DAY YEAR	I SOUTH OCCURRED	10 I WILLIAM IS N.	on I entoni sj
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 71d. INJURY OCCURRED WHILE NOT WHILE	P.M. 19 21e PLACE OF INJURY JATHOME,	21f. LOCATION		
WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY
AT WORK AT WORK				
220. I certify that I taak charge of the	remains described above, held an	Autopsy , Inspection	X, Inquiry , and	d in my opinian
death resulted fram: Notural cause	es 🔀, Accident 🗌, Suid	ide . Homicide .	Undetermined manner .	
14	200	TITLE (SPECIFY)		
ACTUAL CHAMMA	Lholan	Assistant	MEDICAL EXAMINER	DATE 7/6/80
Q.				
EXAMINER'S NAME Virgin:	ia L. Dolan, M.D.	ADDRESS	111 Penr	n Street
230. BURIAL, CREMATION, REMOVAL 23b. DAT	Inc. NAME OF CEN	ETERY OR CREMATORY	236. LOCATION	
(SPECIEVI	13C. NAME OF CEM	ETERT OR CREMATORI	CITY OR TOWIS	COUNTY VINCOS
SPECIFY 7/12	180 Apputus	MEN, Px.	CITY OR TOWN	county Brate
7/12 24. FUNERAL DIRECTOR NAME	/	S MEM. Px.	C'D. BY REGISTRAR 151 82 AS	COUNTY BATE

()	8. 0		Don't E
			stall sta
		unicariulno del 14 00	ero little
	Silve Despus		
	information ch		

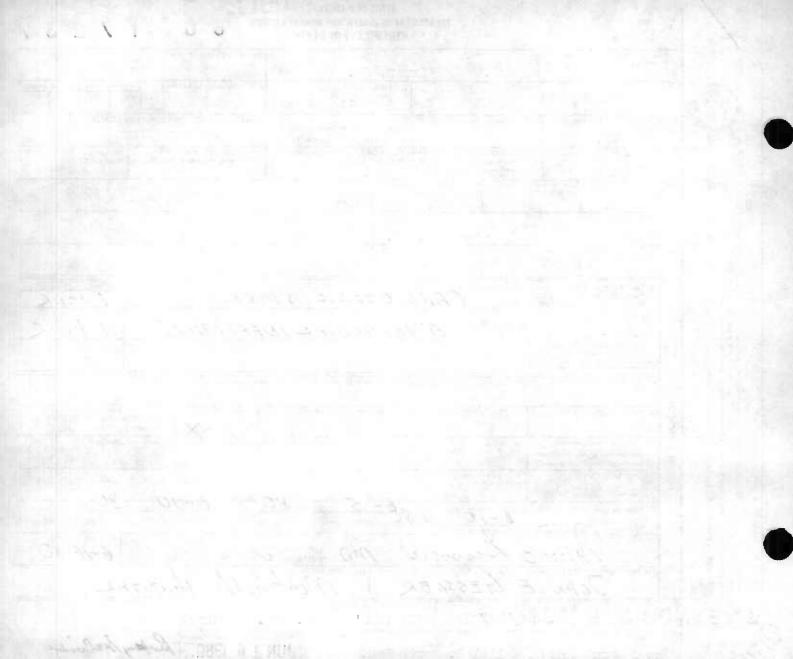


	OR TATE			PARTMENT OF		NTAL HYG			-7	0 2	100
R	EGISTRAR		MEDI	CAL EXAMIN	ER'S CERTIFIC	CATE OF D	EATH U	REG. NO.	1	4 3	3
	EASED NAME	FIRST	A	IDDLE	LAST			OWN D. W	HINO	DAY YEAR	2b. HOUR
(TTPE	OR PRINT)	William	n A	}.	Brooks		OF E DEATH MA	STI-	7 2	19 80	M
3. SEX	4. R.	RACE 5. I	DATE OF BIRTH	6. AGE (IN YEA	RS IF UNDER 1 YR.	IF UNDER 24 H		****	ONTH	DAY YEAR	2d HOUR
		Black	2-2-	37 43YR	MONTHS DAYS	HOURS MIN	DEAD			1, 80	4:58
	THPLACE (STATE O	OR 7b.	CITIZEN OF WHA	COUNTRY?	8. MARRIED NE	ER MARRIED	1. BALTIMOR	E CITY OR C	OUNTY	OF DEATH	
	Md.		U.S.A		WIDOWED	DIVORCED	□ Bal	timore	Cit	у	MD.
10. CIT	Y OR TOWN OF D	DEATH 11.		AL, NURSING HOME, TY, GIVE STREET ADDRESS)	OR OTHER INSTITUT		USUAL OCCUPAT		WORK 12	OR INDUST	USINESS
	Baltimore			man Street				100			
130. ST.		13b. COUNTY	HER INSTITUTION, GIVE F	3c. CITY OR TOWN	13d. INSIDE CI		STREET, ADDRESS	RMA	N	ST.	
14. FA1	HER'S NAME FIRST	, M	IDDLE	LAST		R'S MAIDEN N	AME	F		LAST	
	1	LONDON	J BE	POOKS	G	LENNI	IE				
16a. W.	AS DECEASED EV	ER IN U.S. ARMED	FORCES?	66. SOCIAL SECURITY	NO. 17. INFORM	AANT	A	ADDRESS		,	-
					DORI	S FRE	ELAND	181.	5 1	ORM	AND
	18 CAUSE OF DE	EATH (Enter anly or								APPROXIMA!	TE INTERVAL ET AND DEATH
	PARTIDEATH	IMMEDIATE C	AUSE (o) Art	eriosclero	tic Cardio	ovascula	ar Diseas	е			
11	4293	2		A CONSEQUENCE C						1100	
100		it ony, which to immediate	(b)			77.47					
	couse (a) stat	ting the under-	DUE TO, OR AS	A CONSEQUENCE C	F						
			(c)					6			
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).										
¥ I	190. DATE OF OPE	ERATION	196. CONDITIO	N FOR WHICH OPERA	TION WAS PERFORE	MED2				20 AUTOPSY	?
TIFIC			Mar Sala		TON WASTER OR	NEO:			3	Parti	al No [
CERTIFIC	210 EXTERNAL CA	-	216. TIME OF IN				NTER NATURE OF INJURY	IN ITEM 18 PART	17	Parti	al O
CAL CERTIFIC	UNDERLYING [-	HOUR A.M. A				NTER NATURE OF INJURY	IN ITEM 18 PART	17	Parti	al NO [
EDICAL CERTIFIC	UNDERLYING CONTRIBUTING	OR CAUSE OF DEA	HOUR A.M. A TH P.M. 21e. PLACE OF	NONTH DAY YEAR 19 INJURY (ATHOME,	21c. HOW INJURY			IN ITEM 18 PART	1 OR PART 2	Parti	
MEDICAL C	UNDERLYING CONTRIBUTING [A INJURY OCCU	OR CAUSE OF DEA	HOUR A.M. A	NONTH DAY YEAR 19 INJURY (ATHOME,	21c. HOW INJURY		NTER NATURE OF INJURY	IN ITEM 18 PART	17	Parti	.al
	UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB	OR CAUSE OF DEA URRED OT WHILE T WORK	HOUR A.M. A P.M. 21e. PLACE OF STREET, FACTOR	AONTH DAY YEAR 19 INJURY (ATHOME, 1, FARM, ETC.)	21t. HOW INJURY 211. LOCATION STREET	OCCURRED (EF	CITY OR TOWN		1 OR PART :	Parti	
	UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB	OR CAUSE OF DEA URRED OT WHILE T WORK	TH P.M. 21e. PLACE OF STREET, FACTOR the remains descri	NONTH DAY YEAR 19 INJURY (ATHOME, r, FARM, ETC.) Ded obove, held an	211. LOCATION STREET LIAL Autopsy X,	OCCURRED (E)	CITY OR TOWN	, ond in	1 OR PART 2	Parti	
	UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB	OR CAUSE OF DEA URRED OT WHILE T WORK	HOUR A.M. A P.M. 21e. PLACE OF STREET, FACTOR	NONTH DAY YEAR 19 INJURY (ATHOME, r, FARM, ETC.) Ded obove, held an	21t. HOW INJURY 211. LOCATION STREET Lial Autopsy X, ide J, Homic	OCCURRED (ER	CITY OR TOWN	, ond in	1 OR PART :	Parti	
	UNDERLYING CONTRIBUTING [21d. INJURY OCCU WHILE NAT WORK AT 220. I certify the death resulted fr	OR CAUSE OF DEA URRED OT WHILE T WORK	TH P.M. 21e. PLACE OF STREET, FACTOR the remains descri	NONTH DAY YEAR 19 INJURY (ATHOME, r, FARM, ETC.) Ded obove, held an	211. LOCATION STREET LIAL Autopsy X, ide , Homic TITLE (SI	Inspection Lide Left	CITY OR TOWN Inquiry ndetermined manner	, ond in	COUNT my apini	Parti	STATE
	UNDERLYING CONTRIBUTING [21d. INJURY OCCU WHILE AT WORK AT 22a. I certify the death resulted fr	OR CAUSE OF DEA	TH P.M. 21e. PLACE OF STREET, FACTOR the remains descri	NONTH DAY YEAR 19 INJURY (ATHOME, r, FARM, ETC.) Ded obove, held an	211. LOCATION STREET LIAL Autopsy X, ide , Homic TITLE (SI	Inspection Lide Left	CITY OR TOWN	, ond in	COUNT	Parti	STATE
	UNDERLYING CONTRIBUTING [21d. INJURY OCCU WHILE NAT WORK AT 220. I certify the death resulted fr	OR CAUSE OF DEAL URRED OT WHILE T WORK Tot I took charge of rom: Natural c	TH P.M. 21e. PLACE OF STREET, FACTOR the remains descri	AONTH DAY YEAR 19 INJURY (ATHOME, IV, FARM, ETC.) Ded obove, held an occident , Sui	211. LOCATION STREET 211. LOCATION STREET LAUTOPSY X, ide , Homic TITLE (SI	Inspection Cide University	CITY OR TOWN Inquiry ndetermined manner	ond in er ,	COUNT my apini	Parti	STATE
	UNDERLYING CONTRIBUTING [21d. INJURY OCCI WHILE NO AT WORK AT WORK AT WORK AT AT A CTUAL SIGNATURE ACTUAL SIGNATURE SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATUR	OR CAUSE OF DEAL URRED OT WHILE T WORK Tot I took charge of rom: Natural c	HOUR A.M. A. P.M. 21e. PLACE OF STREET, FACTOR the remains descril	AONTH DAY YEAR 19 INJURY (ATHOME, 1, FARM, ETC.) PAT ped obove, held on ccident , Suit	211. LOCATION STREET LIAL Autopsy X, ide , Homic TITLE (SI	Inspection Lide L. Ui	CITY OR TOWN Inquiry ndetermined manner MEDICAL EXAMINE	ond in er ,	COUNT my apini DATE SIGNED.	Parti	-80
23a.BU	UNDERLYING CONTRIBUTING [21d. INJURY OCCI WHILE AT WORK ACTUAL SIGNATURE ACTU	OR CAUSE OF DEA	HOUR A.M. A. P.M. 21e. PLACE OF STREET, FACTOR the remains descril	AONTH DAY YEAR 19 INJURY (ATHOME, 7, FARM, ETC.) PAT Ded obove, held on cident , Suit Td, M.D. 234. NAME OF CEM	21t. HOW INJURY 21l. LOCATION STREET LIAL Autopsy X, ide Homic TITLE (SI M.D. ASS ADDRESS ETERY OR CREMATO	Inspection Lide L. Ui	CITY OR TOWN Inquiry Indetermined monner MEDICAL EXAMINE Penn Str	ond in er , er .	COUNT my apini	Parti	STATE
230.BU (SF	UNDERLYING CONTRIBUTING [21d. INJURY OCCI WHILE NO AT WORK AT WORK AT WORK AT AT A CTUAL SIGNATURE ACTUAL SIGNATURE SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATUR	OR CAUSE OF DEA	HOUR A.M. A. P.M. 21e. PLACE OF STREET, FACTOR the remains descril	AONTH DAY YEAR 19 INJURY (ATHOME, 1, FARM, ETC.) PAT ped obove, held on ccident , Suit	211. LOCATION STREET 211. LOCATION STREET LAUTOPSY X, ide , Homic TITLE (SI M.D. ASS ETERY OR CREMATO	Inspection [ide] Ui PECIFY) STANT 23	CITY OR TOWN Inquiry Indetermined manner MEDICAL EXAMINE Penn Str LICCATION CITY OF TOWN	ond in er	COUNTY OPER SIGNED.	Parti	-80



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME KNOWN HINOW SEZE 7b. HOUR (TYPE OR PRINT) 7-22,0 80 DEATH MATED CHARLES BROWN 4 130 4. RACE 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED ma le black 7-22, 80 PM DEAD (02 YRS 7a BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Baltimore City WIDOWED ... DIVORCED D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12h, KIND OF BUSINESS FOR MOST OF WORKING LIFE) Baltimore Uhivessity Hosbital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 3a YES TO NO F 1251 Bentalou 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 251 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot wound of head DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF YES XX NO T ORWARDED TO THE CI R: PAGE 3 SHOULD BE I E STATE DEPARTMENT C , 21201 PRIOR TO BURIAI 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING XX OR MEDICAL CONTRIBUTING CAUSE OF DEATH 12:40PM 7-22 1980 subject shot by unknown assailant(s) 21d INJURY OCCURRED on Street in frontof 851 George St. CHYOR TO Baltimore COM Maryland WHILE NOT WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Inspection Inquiry and in my apinion WITH THE XX death resulted fram: Natural causes Undetermined manner TITLE (SPECIFY) TO MEDICAL E
EXECUTE THE C
PAGE 4 SHOU
TO FUNERAL D
AFTER DEATH, V
BALTIMORE, MA Assistant DATE 7-23-80 MEDICAL EXAMINER EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street (TYPE OR PRINT) 23g BURIAL, CREMATION, REMOVAL 23b, DATE 23d. LOCATION COUNTY Auburn 250. DATE REC'D. BY REGISTRAR 256. REG RAR'S SIGNATUR 24. FUNERAL DIRECTOR **DHMH-17** 1980 (VR A15 ME (5)) CALHOUN 15M 7/77

		•	
11			14 12
		1 12 12 12 12 12 12 12 12 12 12 12 12 12	
	070 7		
		1.1.3 160 - 32. 99 2.	0,500
		o banda radizanti i wang	
			the Williams
Land Sperien	margine of soils top fine	· · · · · · · · · · · · · · · · · · ·	
	isla is named the find	no in recent different experience	
	A TOTAL OF THE PARTY OF THE PAR		
end in	onnost and a		
	111 2000		
A TONG THE	white calling the said		
	PACE OF A PROPERTY OF THE PACE		



	1.	FOR STATE REGISTRAR			OF HEALTH AND MENTAL RTIFICATE OF DEATH	HYGIENE 8 0	172	3 8
1)		CEASED NAME FIRST	MIDDI	E	LAST		ONTH DAY YEAR 26.	. HOUR
1		JOH	N	BRR	SWN		0 2980 5	535 p
	3 SE	X	4. RACE		ATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD)		UNDER 24 HRS
	_	IALE	WHI	TE	04 10 03		YRS.	JOKS MINT
32		RTHPLACE (STATE OR FOREIGN DUNTRY) Bermont	USA	MA	RRIED NEVER MARRIED		COUNTY OF DEATH	TY MI
2	10 C	SACTIMORE		PITAL, NURSING HO	ME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Cabinet Mak	ORKING LIFE) INDUSTRY	USINESS OR
35	13a. S	AL RESIDENCE (IF NURSING HOME OF		RESIDENCE BEFORE ADMIS CITY OR TOWN BALTT ME	13d. INSIDE CITY LIMIT	LAKE DR	. NUPSING 1	HOUS
Sooning Sooning	14. FA	THER'S NAME FIRST ROLAND	MIDDLE Bro	LAST WN	15. MOTHER'S MAIDE! Mary	N AME MIDDLE	LaClare	
medical		VAS DECEASED EVER IN U.S. AR res, no or unknown) { (if yes, giv NO	E WAR OR DATES)	SOCIAL SECURITY N		ADDRESS		
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one cause per line	for (a), (b), and (c)	0 06	10000	APPROXIMAT BETWEEN ONS	ET AND DEATH
		IMMEDIA	TE CAUSE (O)	48300 BES	PIRATOR	ARICEST	154	ulin
traumatic		5759	DUE TO, OR AS	A CONSEQUENCE	QF ,		-	141 6
ron		Conditions, if any, which	(b)	SEPSO			2 0	7747
ar ather 1		cause (a), stating the underlying cause last	DUE TO, OR AS	A CONSEQUENCE	ING CYS	TIMS	/Mo.	NTH
any injury, a	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONT	RIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDIT	ION GIVEN IN PART 1(0)	
oms only	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	N FOR WHICH OPER	ATION WAS PERFORMED	200 AUTOPSY? 2	Ob. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES	S USED F DEATH?
Item 18 sho		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M.		EAR	CURRED (ENTER NATURE OF INJURY II	NITEM 18, PART 1 OR PĀRT 2)	
marked ar II	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF I	NJURY FACTORY, OFFICE, FARM, ET	211 LOCATION C.) STREET	CITY OR TOWN	COUNTY	STATE
8		22a.1 certify that (I) (this hasp	6-2	9 19 80	3/	nion death accurred on the date		ot (I) (we) last
If Item		22b. SIGNATURE	It) view the body affe	r death.	DEGREE ATTENDIN PHYSICIA		22c. DATE SIG	SNED
IMPORTANT:		22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)		22e. ADDRESS	HOSPITA		00
¥ -	230	BURIAL, CREMATION, REMOVAL	23b. DATE	123c NAME	OF CEMETERY OR CREMATO	DRY 23d LOCATION CITY OF TOWN		
	(Removal	7/16/80			CITY OR TOWN	COUNTY	STATE
7	24. F	UNERAL DIRECTOR			250	DATE REO'D. BY REGISTRAR 251	L REGISTRAR'S SIGNATURE	easily
	AI	natomy Board	Balt	to., Md.		EAL WW 1900	/	

8 6 5 1 1 3 9 8 two bids and a series of the s

TOOL OF THE PROPERTY OF THE PR	30	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 ORGEN NO. 1 7 2 3 9
TO SUPPLY AND THE PART I DEATH CAUSE OF DEATH The COUNTY OF DEAT	may be	{ IYPE	X 4 RACE S. DATE OF BIRTH , GAGE IN TEARS LAST BIRTHDAY) VUNDER 1 YEAR IF UNDER 24 HRS
TO CONTROL OF THE PROPERTY OF	Poge 4	400	RTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8
13 SUBJAR RESIDENCE (# Nuissing How Country 13 COUNTY 13 COUNTRY 13	ë e 3	10 5	WIDOWEL DIVORCED USUAL OCCUPATION TO NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION TO USUAL OCCUPATION TO KIND OF RUSINESS OR
ADDRESS IN FATHER'S NAME IN WAS DECEASED EVER IN U.S. ARMED FORCES? IN SO. I AL SECURITY NO. IT DISPARANT ADDRESS IN WAS DECEASED EVER IN U.S. ARMED FORCES? IN SO. I AL SECURITY NO. IT DISPARANT ADDRESS IN WAS DECEASED EVER IN U.S. ARMED FORCES? IN SO. I AL SECURITY NO. IT DISPARANT ADDRESS IN WAS DECEASED EVER IN U.S. ARMED FORCES? IN SO. I AL SECURITY NO. IT DISPARANT ADDRESS IN WAS DECEASED EVER IN U.S. ARMED FORCES? IN SO. I AL SECURITY NO. IT DISPARANT ADDRESS IN WAS DECEASED EVER IN U.S. ARMED FORCES? IN SO. I AL SECURITY NO. IT DISPARANT ADDRESS IN WAS DECEASED EVER IN U.S. ARMED FORCES? IN SO. I AL SECURITY NO. IT DISPARANT ADDRESS IN WAS DECEASED EVER IN U.S. ARMED FORCES? IN SO. I AL SECURITY NO. IT DISPARANT ADDRESS IN WAS DECEASED EVER IN U.S. ARMED FORCES? IN SO. I AL SECURITY NO. IT DISPARANT ADDRESS IN WAS DECEASED EVER IN U.S. ARMED FORCES? IN SO. I AL SECURITY NO. IT DISPARANT ADDRESS IN WAS DECEASED EVER IN U.S. ARMED FORCES? IN SO. I AL SECURITY NO. IT DISPARANT ADDRESS IN WAS DECEASED EVER IN U.S. ARMED FORCES? IN SO. I AL SECURITY NO. IT DISPARANT ADDRESS IN WAS DECEASED EVER IN U.S. ARMED FORCES? IN SO. I AL SECURITY NO. IT DISPARANT ADDRESS IN WAS DECEASED EVER IN U.S. ARMED FORCES? IN SO. I AL SECURITY NO. IT DISPARANT ADDRESS IN WAS DECEASED EVER IN U.S. ARMED FORCES? IN SO. I AL SECURITY NO. IT DISPARANT ADDRESS IN WAS DECEASED EVER IN U.S. ARMED FORCES? IN SO. I AL SECURITY NO. IT DISPARANT ADDRESS IN WAS DECEASED EVER IN U.S. ARMED FORCES? IN IN IN IT DISPARANT ADDRESS IN WAS DECEASED EVER IN U.S. ARMED FORCES? IN IN IT DISPARANT ADDRESS IN WAS DECEASED EVER IN U.S. ARMED FORCES? IN IN IT DISPARANT ADDRESS IN WAS DECEASED EVER IN U.S. ARMED FORCES? IN IN IT DISPARANT IN WAS DECEASED EVER IN U.S. ARMED FORCES IN IN IT DISPARANT IN IT DISPAR	2120 hours d in by be fill	USU	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
TO CO SO THE PART I. DEATH WAS CAUSED BY. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse 10.1 stoling the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF Underlyin	within within d 2 sh	14 FA	ATHER'S NAME IS MOTHER'S MAIDEN NAME
MMEDIATE CAUSE OF DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gover rise to immediate couse (oi), stoting the underlying couse lost. Conditions, if ony, which gover rise to immediate couse (oi), stoting the underlying couse lost. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT XELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT XELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT XELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT XELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT XELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT XELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT XELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT XELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT XELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT XELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT XELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT XELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT XELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CO	be execut on and co	160 V	YES, NOOR UNKNOWN) (IF YES, GIVE WAR OR DATE: 215-036246 ISABELLE BREWN 2007 1009 10 Milling
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RÉLATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RÉLATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RÉLATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RÉLATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RÉLATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RÉLATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RÉLATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RÉLATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RÉLATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RÉLATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTIONS CONTR	ST.,		PART I. DEATH WAS CAUSED BY: A gimmediate CAUSE to: Careliant Control
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 to 1 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 to 1 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 to 1 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 to 1 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 to 1 PART 2. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 to 1 PART 2. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 to 1 PART 2. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 to 1 PART 2. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 to 1 PART 2. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 to 1 PART 2. OTHER SIGNIFICANT CONTRIBUTION GI	i W. PRESTO		Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF.
220.1 certify that (1) (this hospital) attended the deceased from 19 ond that in (my) (our) opinion death occurred on the date and hour and from the couses stated	ORDS, 2C requires or a signect. Then pilot or to burning y injury, o	TION	
220.1 certify that (1) (this hospital) attended the deceased from 19 ond that in (my) (our) opinion death occurred on the date and hour and from the couses stated	TAL RECO	RTIFICA	YES NOTE IN CERTIFYING CAUSES OF DEATH? YES NO
220.1 certify that (1) (this hospital) attended the deceased from 19 ond that in (my) (our) opinion death occurred on the date and hour and from the couses stated	ON OF VI		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P, M. 19 216. INJURY OCCURRED 218. PLACE OF INJURY 211. LOCATION
ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated	3 0 0 0 0	W	WHILE ON TWHILE ON THE AT WORK ON AT WORK ON AT WORK ON A TWORK ON A TWO A TWORK ON A TWORK ON A TWO A TWORK ON A TWO A TWO A TWORK ON A TWO A TWORK ON A
C A R R R R R R R R R R R R R R R R R R	ATTI Ospitt d for d for m 21		
ATTENDING MEDICAL STAFF ATTENDING MEDICAL STAFF PHYSICIAN SNAME (IVE OF MINE) ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PH	SPITAL O B by the NERAL DI be detect e Store De		PHYSICIAN DIRECTOR PHYSICIAN
1736 REPUBLIC CREMATION PEMOVAL 1736 DATE 1737 NAME OF CEMETERY OF CREMATORY 1236 LOCATION	TO HO retained should with the IMPOR	23e. E	SURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OF CREMATORY 23d LOCATION CITY OF TOWN 4 COUNTY 4 CO
DHMH-16 50M 1/76 (VR A 15 (4)) DHMH-26 50M 1/76 (VR A 15 (4)) DHMH-26 50M 1/76 (VR A 15 (4))			UNERAL DIRECTOR. 250. DATE REC'D, BY REGISTRAR 256, RECOTRAR'S SIGNATURE

The Company of the Co - 1080 L 1080 L 1080

/	#	2a, FilmG545 7/	$\frac{25}{80}$ ka			OF MARYLAND	Carlo Carlo			4 (1)
8	1.	FOR STATE REGISTRAR			CERTIFI	EALTH AND MENTAL HYC ICATE OF DEATH	REG. N	0.	72	4 0
m.e		CEASED NAME FIRST	,	AIDDLE	Ü/	XST	20. DATE OF DEATH		AY YEAR	26 HOUR
moy be poge 3 er deoth		Louis	I		Brov	vn, Jr.	7/9	/80		
	3. SE	Х	4 RACE		S. DATE O		6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
ector ors off	1	Male	Caucasi	an	12	- 17 - 28	51	YRS	ONINS DATS	HOURS MIN
1 071		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8 AA A DRIED	□ NEVER MARRIED □	9 BALTIMORE CITY C	R COUNTY	OF DEATH	
	l l	Maryland	U.S.	Α.	WIDOWE		Baltimor	e City	7	MD
Matified	10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSING		R OTHER INSTITUTION	12a. USUAL OCCUPAT	ON	126 KIND OF	F BUSINESS OR
1	Ba	altimore City	2718	Wilkens A	venue	2	Auto Mech			tic Eng.
0000	13a S	AL RESIDENCE (IF NURSING HOME STATE 1136 CO		GIVE RESIDENCE BEFORE A	ADMISSION]	13d INSIDE CITY LIMITS?	13e STREET ADDRESS		14.4	
1		ryland	0.111	Baltimor	e	YES S NO	2718 Wilk	ans Av	e. 212	223
a de la composição de l	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA			y	
O.O.		Louis	F.	Brown,	Sr.	Carrie	F.		Lark	kins
ico	16a V	VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECUR	ITY NO.	17 INFORMANT	ADDR	SS Balt	imore,	
medico	L '	YES NOOR UNKNOWN] (IF YES, G	THE WAR ON DATES!	216-24-44	73	Carrie F. Br			ton Bly	
. the		18 CAUSE OF DEATH (Enter	only one couse per	line far (o), (b), and	(01.)					MATE INTERVAL
event,		PART I. DEATH WAS CAU	SED BY. ATE CAUSE (a)							
		7500		R AS A CONSEQUEN	ICE OF	11	111			
hon, oum		Conditions, if any, which	((b)	971-01	che	as Mel	litus			
emotion, er troum		gove rise to immediate couse (a), stating the	DUETO	R AS A CONSEQUEN	ICE OF					
of to		underlying cause last	(c)					W		
inen please remove corp to burial, cremotion, arr injury, or other troumatic	z	PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVE	N IN PART 1(o	11
20 >	CERTIFICATION	190 DATE OF OPERATION	19h CONDI	TION FOR WHICH O	PERATION	N WAS PERFORMED	20g AUTOPSY?	20b. IF YES	, WERE FINDIN	GS LISED
ws or	띮						YES T NOT	IN CERTIFY	YING CAUSES	OF DEATH?
Mentol Hygiene or Item 18 shows	12	21a. ACCIDENT WAS UNDERLYING	21b. TIME O	F INJURY		21t. HOW INJURY OCCUR				140
or Hem 18		OR CONTRIBUTING CAUSE OF C	BEATH HOUR A.	M. MONTH DAY						
ked or he	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e. PLACE		19	211. LOCATION				
pa	ME	WHILE NOT WHILE AT WORK	(AT HOME, STR	EET, FACTORY, OFFICE, FAR	RM, ETC.)	STREET	CITY OR TOV	/N	COUNTY	STATE
9		22a.1 certify that (1) (this has	pital) attended the	e deceosed from			, to		19	that (I) (we) lost
21 is mork		saw the deceased alive obove, [1] (we) (did) (did)	on	ofter death 19	, one	d that in (my) (our) opinion	deoth occurred on the de	te and hour	ond from the c	couses stated
He		226. SIGNATURE	- 11 11	11 1/18/19/11	C	DEGREE			TIL DATE !	SIGNED
with the State Dept. of Heal		a dund a	4 %	4 40 1/1/		ATTENDING PHYSICIAN	MEDICAL STAL		7/1	1/00
X I		224. PHYSICIAN'S NAME (TYPE	OR PRINT]			22e ADDRESS		711	1/1	100
OR /		Florian Nado	olski			205 Hampton	Rd · N. Lin	chicum		
<u>₹</u>	23a E	BURIAL CREMATION REMOVA		23c. NA		METERY OR CREMATORY	23d. LOCATION			
	(SPECIFY) Burial	7/12			hedral Cemet	CITY OF TOWN	ce.	COUNTY	Md.
1/76	24 FL	JNERAL DIRECTOR			2	1230 DAT	E REC'D. BY REGISTRAR		RAR'S SIGNATI	
1))	Hu	bbard Funeral	Home; 41	07 Wilken:	s Ave	Balti III	L 1 1 1980	Rive	trustral	Bready
	_		- 1-			-,, 00	JOU	11	-	

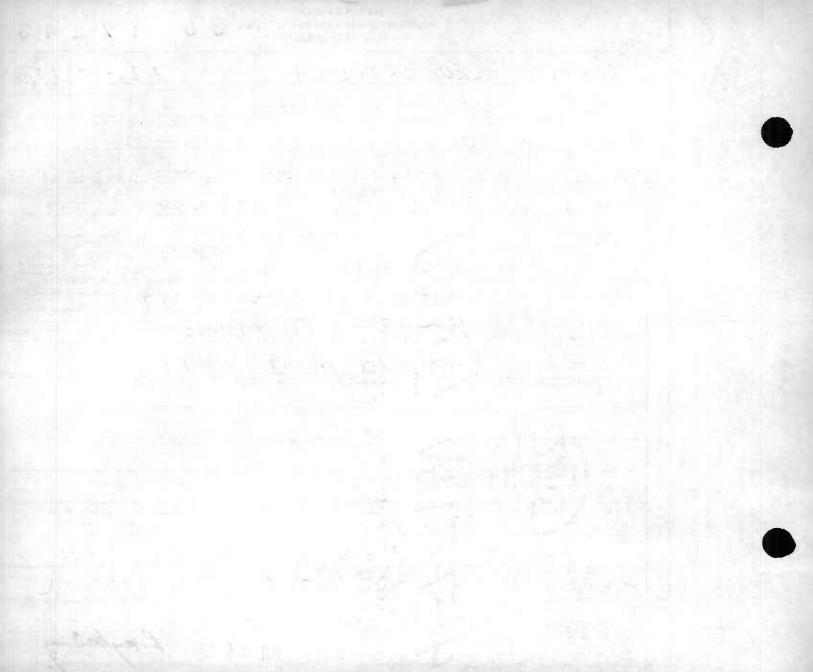
10 Ext. 1000 1 Complete State of the State o

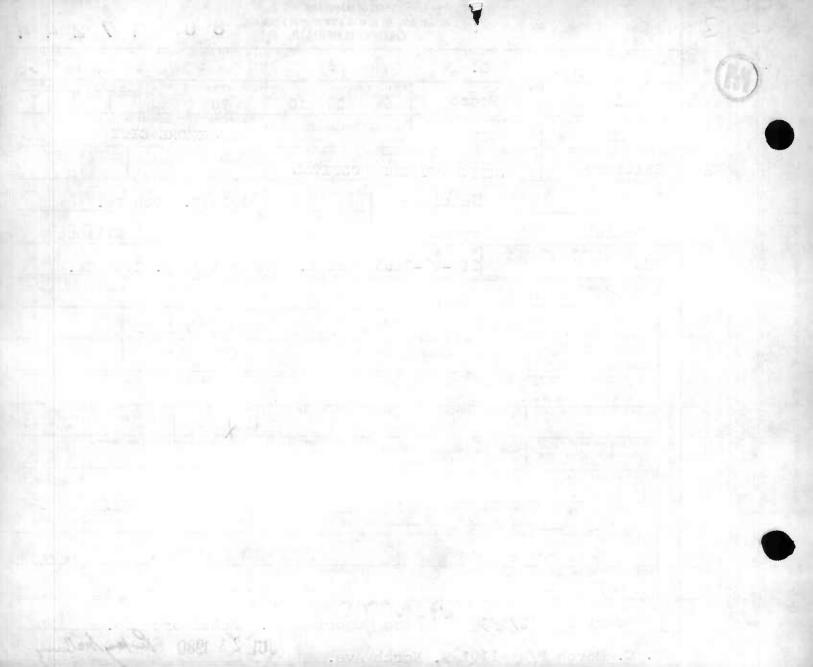
S NOW THAT Burn SECOURT Comment 131 CB 1880 Bernary Statement of the Sta

DECEASED NAME 1883 MODILE LASI 18. DATE EXCUNS A MORNIN DAY YEAR 18. HOLD 18. MONTH DAY YEAR 18. HOLD 18. MONTH DAY YEAR 18. HOLD 18. MONTH DAY YEAR 18.	01	tems #10a-22a Fili For STATE REGISTRAR		NTE OF MARYLAND HEALTH AND MENTAL H NER'S CERTIFICATE O	43 23	7242
1. SEX		PE OR PRINT)			26. DATE KNOWN XX	
MARRIED MONORCED Baltimore City MID USA WIDDER MARRIED DIMORCED USUAL OCCUPATION (TYPE OF WORK 178 KIND OF BUSINESS OR INDUSTRY USUAL RESIDENCE (# P N-MIRSON) OF NO OF INDUSTRY USUAL RESIDENCE (# P N-MIRSON) OF NO OF INDUSTRY USUAL RESIDENCE (# P N-MIRSON) OF NO OF INDUSTRY USUAL RESIDENCE (# P N-MIRSON) OF NO OF INDUSTRY USUAL RESIDENCE (# P N-MIRSON) OF NO OF INDUSTRY USUAL RESIDENCE (# P N-MIRSON) OF NO OF INDUSTRY USUAL RESIDENCE (# P N-MIRSON) OF NO OF INDUSTRY USUAL RESIDENCE (# P N-MIRSON) OF NO OF INDUSTRY USUAL RESIDENCE (# N-MIRSON) USUAL RESIDENCE (([]	female black	MONTH DAY YEAR LAST BIRTH	EARS IF UNDER 1 YR. IF UNDER DAY) MONTHS DAYS HOURS	PRONOUNCED DE AD	7 25 ₁₉ 80 a A
USUAL RESIDENCE (IF IN NUBSING/OWER OR OTHER INSTITUTION, GIVE RESOURCE BEFORE ADMISSION) 136. STATE MD 137. COUNTY 138. COUNTY 138. COUNTY 138. COUNTY 139. COUNTY 139	35 "	OREIGN COUNTRY) MD	USA	WIDOWED DIVORCE	Baltimore Ci	ity MC
MD Baltimore YES NO 201 N. Broadway 14. FATHER'S NAME Crawford Allen LAST ROBerta FIRST R	2 Z 13a :	AL RESIDENCE (IF IN NURSING FIOME OR OT	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS	(ION)		OR INDUSTRY
Crawford Allen Roberta Fefferson Roberta Fef	~~	MD ATHER'S NAME		153 160	201 N. Broad	
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY: 12. IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (a) stoting the under-lying couse lost. (b) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT (ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CO) 16a.	Crawford WAS DECEASED EVER IN U.S. ARMED YES, MO, OR UNKNOWN) 1 1 1 1 1 1 1 1 THE SECOND IN T	Allen D FORCES? 166. SOCIAL SECURI	TY NO. 17. INFORMANT	a Feffers	on Allen
GOVE rise to immediate couse (a) stating the under-lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).		18 CAUSE OF DEATH (Enter only or PART I DEATH WAS CAUSED BY	ne couse per line for (o), (b), and (c).) f: CAUSE (o) Arterioscler	otic Cardiovasc		APPROXIMATE INTERVAL
216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 216. INJURY OCCURRED LENIER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 216. INJURY OCCURRED LENIER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19	CREMATION, OR REMOVA	gove rise to immediate couse (a) stating the under-	DUE TO, OR AS A CONSEQUENCE	OF		
216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 216. INJURY OCCURRED LENIER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 216. INJURY OCCURRED LENIER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19	NOTION				T 1 (c).	
UNDERLYING OR CAUSE OF DEATH P.M. 19 214 IN UIRY OCCUPEED 216 PLACE OF INJURY WAYNE 216 LOCATION	ERTIFICA				O (FAITED MATHRE OF IMILIAN IN 1984) TO DART	YES XX NO [
		UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YEA	R) (ENGLE NATIONE OF INJOINT HATTER IN PRACT	TOW PART 2)
		death resulted from: Notural c	ouses , Accident , S	TITLE (SPECIFY)	Undetermined monner ,	DATE
death resulted from: Notural couses , Accident , Suicide , Hamicide , Undetermined monner , ACTUAL LOGICA DATE	2			.D. ADDRESS 111 P	enn Street	
death resulted from: Notural couses , Accident , Suicide , Homicide , Undetermined monner , ACTUAL SIGNATURE	10	SPECIFY) Burial 7/		nham VA Cem.	Cheltenham	COUNTY STATE MD
death resulted from: Notural couses , Accident , Suicide , Homicide , Undetermined monner , ACTUAL SIGNATURE		". C. March F/H	ADDRESS 1101 E. Norti		29 1980 Registrar	w halrede

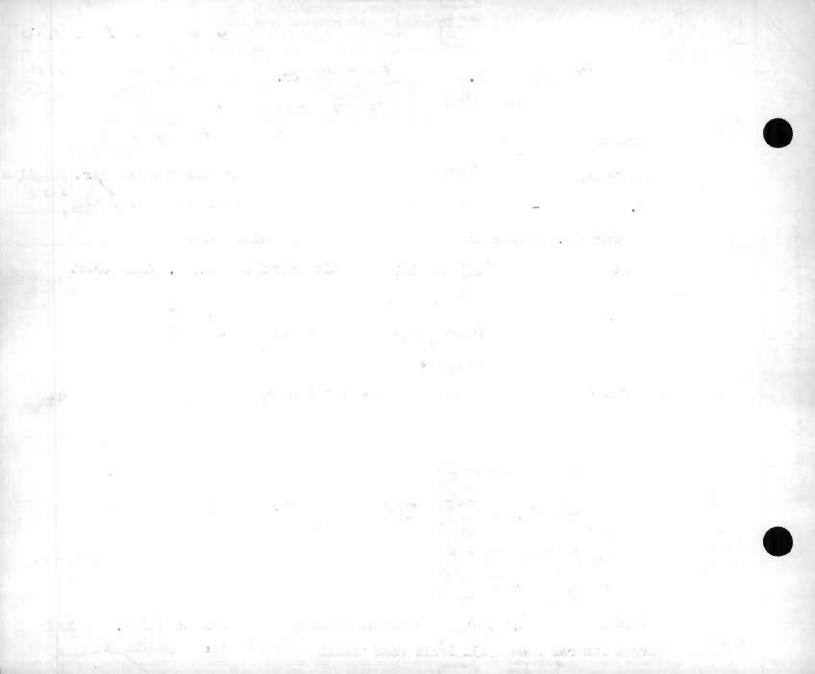
BELLEVILLE TOOL STATE

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME 20. DATE OF DEATH 7h HOUR TYPE OR PRINT 1 SEX 4 RACE AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR DAYS White 1918 10 Te BIRTHPLACE 75 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. DIVORCED | WIDOWED Baltimore City ID. CITY OR TOWN OF DEATH 176 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore North Charles Gen. Hospital Policeman Balto. City W. PRESTON ST., BALTIMORE, MARYLAND 21201 MSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION 13b COUNTY 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 707 S. Linwood Avenue Maryland Baltimore 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Wisniewski Walter Brukiewa Antoinetta 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT 1606 Gray Haven Court (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) WW Nancy T.McDonald -Balto. MD 21222 Yes II 217-05-1212 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line to PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (0), stoting the underlying cause DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? buriol-tronsit p NOF YES [NO [sho 21g. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED ö 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE STATE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on , and that in (my) (aur) apinion death accurred on the date and hour and from the couses stated 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL should be detained with the State MPORTANT: - PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL (SPECIFY) 23. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION 7/23/80 Cremation Green Mount Baltimore Maryland 24. FUNERAL DIRECTOR Duda-Ruck, Inc. DHMH - 16 50M 1/76 (VR A 15 (4)) 7922 Wise Avenue, Dundalk, MD 21222



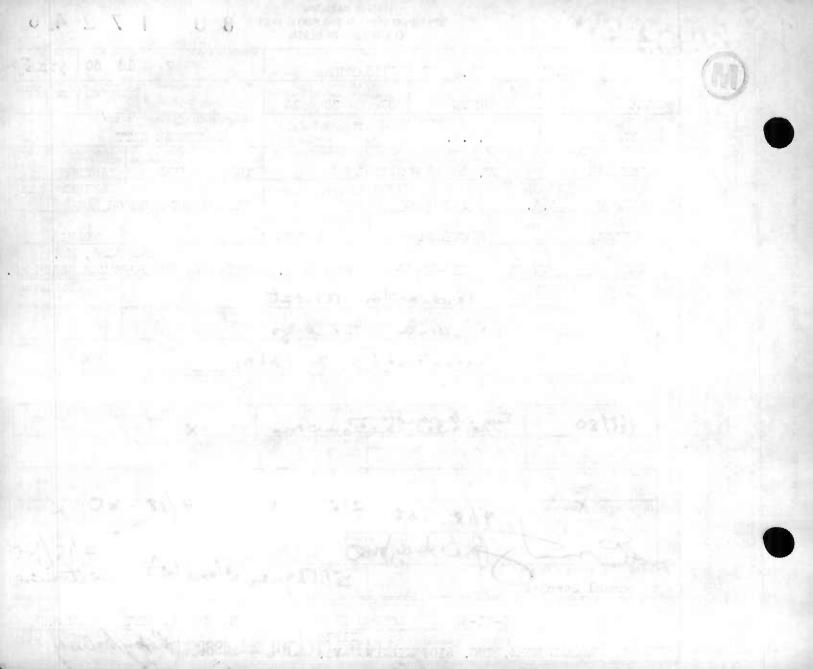


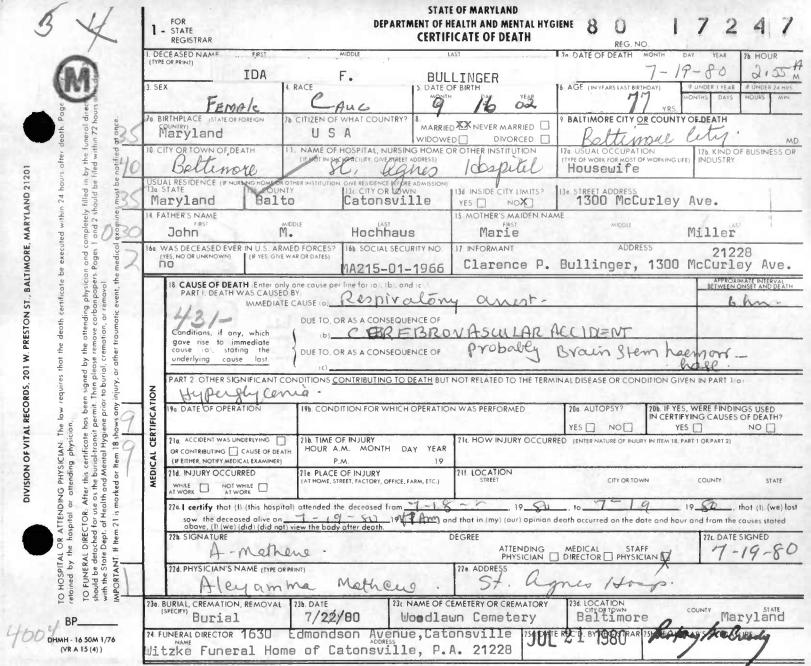
			STATE OF MARYLAND		
> <u>L</u>	FOR STATE REGISTRAR		TMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	REG. NO	17245
I. DE	ECRASED NAME FIRST GEORGE	E A.	BUCHMAN J	26. DATE OF DEATH MON	15 80 537 P M
3. SE	MACE	CAUCASOID	5 DATE OF BIRTH MONTH DAY YEAR 7 7 5 6	AGE (IN YEARS LAST BIRTHDAY	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. YRS
135	SIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	TE CITIZEN OF WHAT COUNTRY USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTINORE CITY OR CO	
4/-	Raltimore	(IF NOT IN SUCH FACILITY, GIVE STRE		(TYPE OF WORK FOR MOST OF WO	RKING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY Agent Art Suppli
	Raltimore PALRESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFINE 13c. CITY OR TO PACTIM	707E1 120 110 110	856 West	- 32nd St 21211
exo O	George A. H	Buchman Sr	15 MOTHER'S MAIDEN	Edith Gates	LAST
	WAS DECEASED EVER IN U.S. AR. (4ES, NO OR UNKNOWN) (4F YES, GIVE	WAR OR DATES)	3237 Edith B	address achman 856 W.	32nd Street
injury, or other troumotic		DUE TO, OR AS A CONSEO	Staph coaget) in blood	TERMINAL DISEASE OR CONDITION	DN GIVEN IN PART I (a)
Hygiene prior to the shows any injur	190 DATE OF OPERATION		H OPERATION WAS PERFORMED	YES NO	CERTIFYING CAUSES OF DEATH? YES NO NO
ked or Item 18	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (#FEITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	CURRED (ENTER NATURE OF INJURY IN I	TEM 18, PART 1 OR PART 2) COUNTY STATE
hem 21 is morke		tol attended the deceased from 115 1) view the body after death. Chivarty MD	7/13 19	so, to 7/15 nian death occurred on the date a	nd haur and from the causes stated 22c. DATE SIGNED
MPORTANI: #	PHILIP J		27e ADDRESS	HOSPITAL BACTION	
1.30	(SPECIFY) Burial	4 40	Toodlawn Cemetery	Woodl W	COUNTY STATE



HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

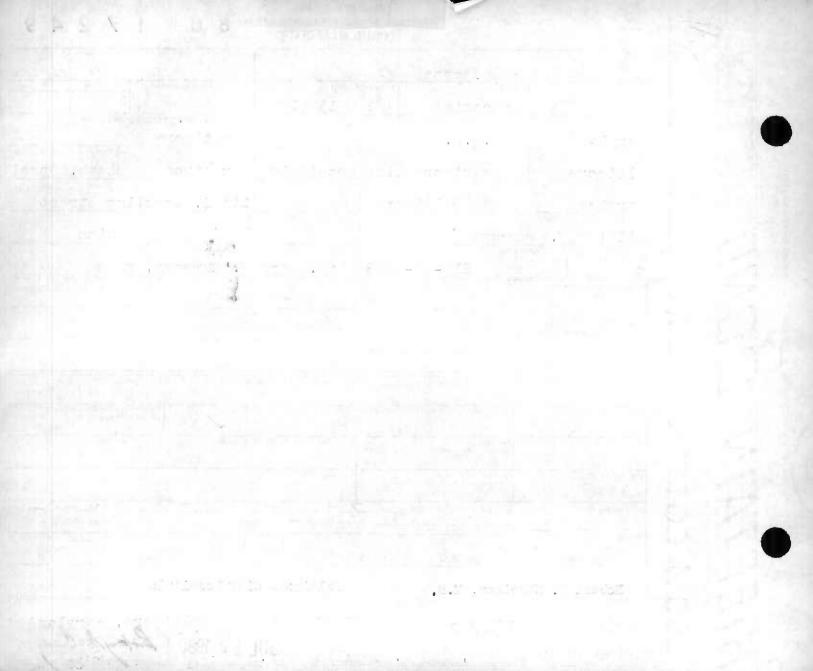
(VRA 15, 4) 1/79



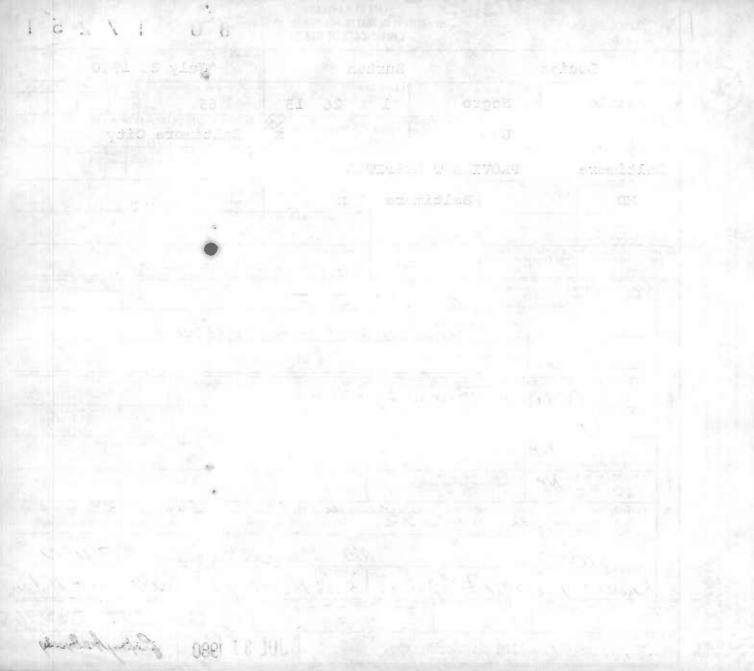


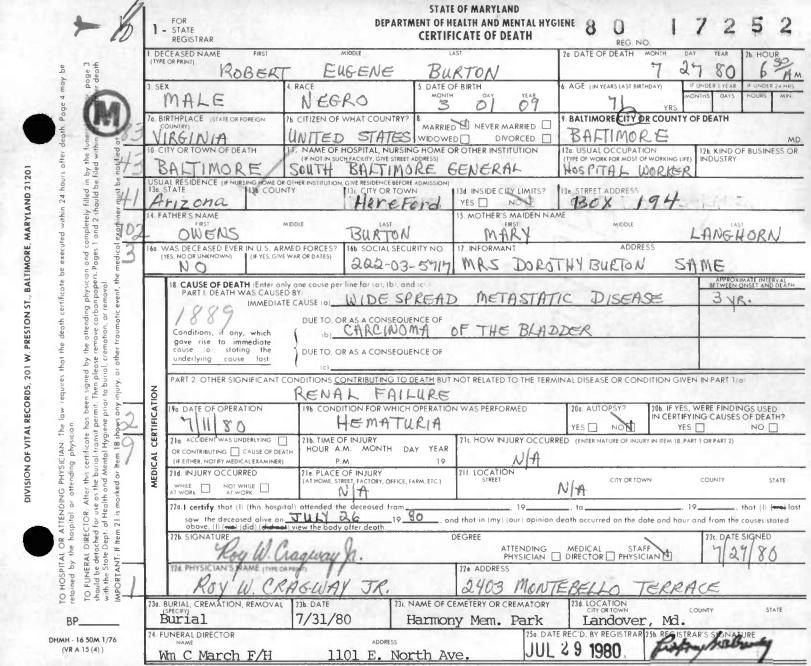
-119 - 119 DSI alikywayini

0.81.06 La company of the com Cuch o a DR.



material commencer is a second with the contract of the contra ORDER OF THE CALL Richmond Claudy





Parameter Till BEL 67 AM

The state of the s 304 21000 Me Tleanor B. BC Wa ner 21 -12-2 3 1 (2 - 3 - 7 - 17 1 m e · (7) 1 m g M . CON CHINE AVE. DALTINO CON CONTROL M romation we had seen a second C-1- the roots 391 m M. Turban & meral Yore; MIN Wil ons Are. &1260

the old and a few administration of the state of the s

3035 W. North Ave.

Md.

(VRA 15, 4) 1/79

Herbert E. Nutter

Today Printer Studies Canal Ca

23b. DATE

7-9-80

uneral

230. BURIAL, CREMATION, REMOVAL Burial

24 FUNERAL DIRECTOR

FOR

- STATE

(TYPE OR PRINT)

REGISTRAR

FIRST

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. MIDDLE 26 DATE OF DEATH MONTH YEAR 2h HOUR Calloway F. 80 11:23 PM AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF LINDER 24 HR 9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Florist 13e STREET ADDRESS Route #3 Freddie Elizabeth Stickley Joseph E. Calloway Delmar, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH adenocarcinoma of colon inefastation 20h IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES I NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (and opinion death occurred on the date and have and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN AT

23d. LOCATION

DHMH - 16 50M 1/76

BP

(VR A 15 (4))

Home Delmar,

23c. NAME OF CEMETERY OR CREMATORY

Wicomico Memorial

Salisbury Wicomico

COUNTY

STATE

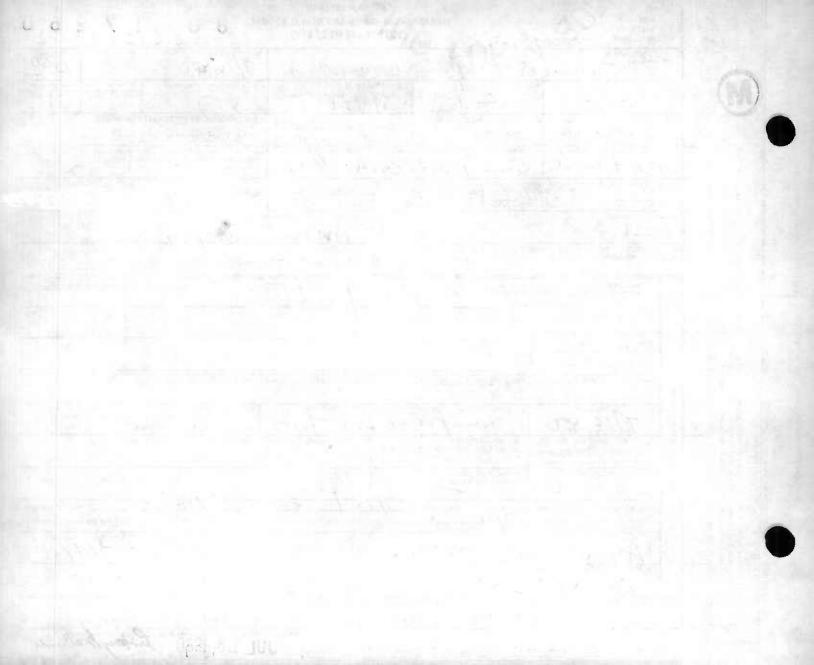
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR FIRST DECEASED NAME 20. DATE KNOWN K (TYPE OR PRINT) ESTI-CALVERT 10 80 ROBERT W. DEATH MATED 4. RACE DATE OF BIRTH SEX 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED 19 80 white male DEAD 70. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Maryland Baltimore City DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS NOT IN SUCH FACILITY, GIVE STREET ADDRESS 1520 Cypress St. Baltimore 2, AND 3 TO 3. RETAIN PA 2 SHOULD BE F AL RECORDS, 3 Carpenter Construction USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 130. STATE 139 STREET ADDRESS 13b. COUNTY 13d INSIDE CITY LIMITS? bress Street NO F VITAL I 14. FATHER'S NAME AND OF V 15. MOTHER'S MAIDEN NAME George Cutthberland Calvert.Si 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT **ADDRESS** 16b. SOCIAL SECURITY NO. CHIEF MEDICAL EXAMINER ALONG WITH FOR USED AS A BURIAL:TRANSIT PERMIT. PAGES 1 OF HEALTH AND MENTAL HYGIENE, DIVISION AL, CREMATION, OR REMOVAL. Mr. Harold C. Calvert 301 12th. Ave 213-03-6622 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO BURIAL, YES NO X VARDED TO THE CAGE 3 SHOULD BE ATE DEPARTMENT C BE 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, FTC 1 STREET STATE CITY OF TOWN COUNTY WHILE AT WORK A MEDICAL EXAMINER: T ENECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21; 22a. I certify that I tapk charge of the remains described above, held an death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 7-19-80 SIGNATURE 111 Penn St. Ann M. Dixon, M.D. EXAMINER'S NAME TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION GIEN Burnie AMMe Arundelma Haven Mem. BP 250. DATE REC'D. BY REGISTRAR 256 GIS PAR'S 24. FUNERAL DIRECTOR **DHMH** - 17 1980 (VR A15 ME (5)) 15M 7/77

C - VI	U MA CONTACTOR PROPERTY AND A CONTACTOR OF THE CONTACTOR
	a month of the man of the man concluded the second of the
- 4-1	
	.C. end T. Time
January Lay	N 08e 0.5 July 100 100 100 100 100 100 100 100 100 10

1		١,	FOR		D	EPART	STA MENT OF		ARYLAI		HYGIEN	IE .		ė imy		5,0-46	0
3		1-	STATE REGISTRAR		MED	ICAL	EXAMIN	ER'S C	ERTIFI	CATE	OF DEA	MH U	REG. NO	1 /	da	2	8
	A(1)		CEASED NAM		24	WIDDLE			LAST			20. DATE OF	KNOWN K		DAY	YEAR	2b. HOUR
	LIES NEET, SEET, S	3. SEX	,	Dawn	S. DATE OF BIRTH	arie	6. AGE (IN YE.		neron DER 1 YR.		R 24 HRS.		MATED L	7 MONTH	5 DAY	19 80	M
	ECESSARY, PLE SE JUERAL DIRECTOR FOR YOUR FILES WITHIN 72 HOURS PRESTON STREET		ale		Oct.9,19	76	LAST BIRTHD	MONTH		HOURS	MIN.	PRONOUN DEAD	ICED	7		19 80	6:40 P M
	SSAF RAL I R YC HIN ESTO	7n. BI	RTHPLACE (ST		76. CITIZEN OF WH.			1	D NE	VED MAD	DIED X7	9. BALTIM	ORE CITY O	R COUN			I I M
	NECESSARY, FUNERAL DIRI 5 FOR YOUR 5, WITHIN 72 W. PRESTON	I	florid		U.S.A			WIDOW	ED 🗆	DIVOR	CED 🗆		Baltim		City	,	MD.
	AY IS THE FILE 301	В	altimo	re	11. NAME OF HOSP (IF NOT IN SUCH FAC Johns	Hopki	ins Hos	pita:	er institu 1	NOITI	12a. USU FOR	DAL OCCUP MOST OF WOR N/A	PATION (TYP KING LIFE)	E OF WORK	12b. KIN OR N	ND OF BUS INDUSTR	SINESS Y
1201	IF ANY DEL. 2, AND 3 TO 3. RETAIN P SHOULD BE IRECORDS,	13a. S		113b, COUN	ROTHER INSTITUTION, GIVE TY Arunde1	13c. CITY	BEFORE ADMISSING OR TOWN EVERN		13d. INSIDE O	NOX	130. STR	73 P	ss ionee	r Ci	ircl	Le	
0.2	I V NA	14. FA	ATHER'S NAME		WIDDLE		LAST		15. MOTH	ER'S MAID	DEN NAME		IDDLE			LAST	
Ä,	AGES 1, ORW PM		Oonald		W.		neron			ncy			2.	F	Roge		
MOR	14 HOURS AFTER DEATER 18. GIVE PAGES 10 ONG WITH FORM PAGES 11 PAG	16a, V	ES, NO, OR UNKNO	DEVER IN U.S. ARA	AED FORCES? WAR OR DATES)		CIAL SECURIT		17. INFOR			1	ADDRESS				
ALTI	S AP GIVE MITH VISIC		No.				5-92-3	3010	Dona	ald	W. C	amer	on s	ame			
- i	18. G W		18 CAUSE O PART I DE	F DEATH (Enter and ATH WAS CAUSED	y one couse per line f DBY:								3147	WI.	BETW	PROXIMATE VEEN ONSET	AND DEATH
NO	ED WITHIN 24 HOPENCIL IN ITEM 1 AMINER ALONG I-TRANSIT PERMIT ENTAL HYGIENE; REMOVAL.	10	00	MMEDIAT	E CAUSE (a)		nt inju		o hea	.d					-		
EST	THIN LAST VAL	7		ns, if any, which		JA COI	-SEGOETICE (
× .	ECUTED WITHIN 5" IN PENCIL IN AL EXAMINER ,			se to immediate stating the <u>under-</u>	(b)	AS A CON	ISEQUENCE ()F		-							
301	A X X X X X		lying cau	se lost.	(c)												
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST	200 40		PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	JT NOT RELA	TEO TO THE TERM	INAL OISEASE	OR CONDITIO	IN GIVEN IN P	ART I (a).		1000				
Ö	PENDIN FE MEDIN FE AS A HEALTH CREMATI	NO.															
AL RE		ICAT	19a. DATE OF	OPERATION	19b. CONDITI	ON FOR	WHICH OPER	ATION WA	AS PERFOR	RMED?		Eral"			20. A	UTOPSY?	3-1-5
VIT		CERTIFICATION	21- EVTERNIA	L CAUSE WAS	21b. TIME OF	th Lucipa.		Jan 110				1000	PHI.			ES 🔀	NO 🗆
202	3273204		UNDERLYING	OR	HOUR XX	MONTH	DAY YEAR	Carb.					URY IN ITEM 18			Mark I	
Sio	CERTIFIC SITING TH RDED TO E 3 SHOU E DEPART PRIOR TO	MEDICAL	21d. INJURY C		21e PLACE OF			21f. LOC		rerr	out (or zno	i floo	L WI	MODE		
DIVI	R: THIS CER TE, WRITING DRWARDED DRWARDED STATE DEP 21201 PRIC	ME		NOT WHILE AT WORK	STREET FACTO	DRY, FARM, E				neer	Circ	le, Se	evern,	Ann	e Ar	unde!	L, Md.
	CATE, FORV		22a. I certif		e of the remains descr of couses	ribed aba Accident		Autaps	y X, Homi	Inspecti		Inquiry ermined mo		d in my of	oinion		
	AL EXAMINATE CERTIFIED BE AL DIRECT TH, WITH 1, MARYLAN		ACTUAL SIGNATURE	Vergen	a Lolo	lh		M.		SPECIFY) istar	nt MED	ICAL EXAM	INER	DATE	7	/6/80)
	TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL I AFTER DEATH, BAITIMORE, M.		EXAMINER'S (TYPE OR PRIM	NAME Vir	ginia L.	Do1ar	n, M.D.		ADDRESS_			13	ll Pen	n St	reet		
	Bb B	23g. BI	Burial CREMA	TION, REMOVAL 2	7/8/80		NAME OF CEA		ln C	em.	Br	CATION OR TOWN Entwo	ood,	P.G	NTY CC	o. Ma	ď.
	DHMH - 17	24 FU	JNERAL DIREC	TOR ATTRET E	T TINTE TO MADDRESS 1	OME	TNIX		2.74	25a. DATE	REC'D. BY	REGISTRA	25b. REGI	STRAR'S	IGNA	Chard	4
1	(VR A15 ME (5)) > 15M 7/77	76	501 Sa	ndy Spr	UNERATESH ing Rd.	Lau.	rel,	id.	2081	0	NTT	0 1300				Seed	

A STATE OF THE STA	S. I Selected Selections		
	report	n/a	
			rim de Bing
	intigral :	ndryger o dot	man litila .
Control and the second			
TAP MAY HAVE HAVE	and any control of the said		
	basel of market	inuli	
	e den 112 den Stal Cit	ā . ^{Fri} ic i	
Allered on a character,	Attack to combin 1819	7	
1.1.	1 000 00		
111 Penn Street			
6			
	Un 191 danie . mil. 1	And there's	

8 00 1 /- 5 9 the late of personagens Alternative of against 1997 Street war. prepared account to the form Class of Jaccordan MD-TRANSPORT MANAGER MANAGEMENT OF MANAGEMENT O



	1			STATE OF MARYLAND					
2	1	FOR STATE REGISTRAR		MENT OF HEALTH AND MEN CERTIFICATE OF DEAT		NE 8 0 REG. NO		7 2	6 1
(M)		CEASED NAME FIRST EORPRINT) WILLI		CAMPBELL	-	7/3/80	MONTH DA	YEAR 199	7 30 N
once.	3 SE	MALE	White	S DATE OF BIRTH 1	YEAR	93 SEE	YRS. MC		HUNDER 24 HRS
72 hou		IRTHPLACE ISTATE OR FOREIGN SCOTLAND	1. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARR	RIED L	BALTIMORE CITY O	C I	TY	MD
st be no		Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET University of	ADDRESS) TO MALYUAD TOS		TYPE OF WORK FOR MOST OF			BUSINESS OR
examiner m	30	AFAYETTE SU	1 10 000 11	YES SE NO		Lafayette	Ave. &	John	Street
Solical ex		ATHER'S NAME FIRST Unknown	MIDDLE LAST	IS. MOTHER'S MA		nknown		(AST	
the me	160	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SECTION (E WAR OR DATES)	17 INFORMANT 4316 John E.	Murn	4612 Ke		Rd 2	1210
any injury, or other to	TION		CONDITIONS CONTRIBUTING TO	ENCE OF STEW STEW DEATH BUT NOT RELATED TO	THE TERMIN	al disease or conf			
18 shows	CERTIFICATION	DATE OF OPERATION		OPERATION WAS PERFORME		YES AUTOPSY?	IN CERTIFY	WERE FINDING ING CAUSES O	
1 is marked or Item 1	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (# EITHER, NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED AT WORK NOTHY MEDICAL EXAMINE AT WORK NOT WHILE 22a-1 certify that the this hosp	HOUR A.M. MONTH D P.M. 71e PLACE OF INJURY (AI HOME, STREET, FACTORY, OFFICE, ital) attended the deceased fram.	AY YEAR 19 211 LOCATION STREET	, 80	CITY OR TOW	N 3 19	COUNTY	STATE
IMPORTANT: If Item 2	ζ	sow the deceased alive an obove (II) we (did) did no 1776. SIGNATURE 7 LOSEDH 174 HYDICIANS NAVE (144)	A A A A A A A A A A A A A A A A A A A	DEGREE M.D. ATTEM PHYS 120 ADDRESS 220 ADDRESS		MEDICAL STAF		22c. DATE S	
3 5	(BURIAY CREMATION, REMOVAL Permation	4 . //	NAME OF CEMETERY OR CREM Stview Mem. Pa	ark	23d LOCATION CITY OF TOWN Baltimo:	re, Maj	ounty	STATE
H-16 25M	24 F	UNERAL DIRECTOR Pural	Home 3631 1811 5	Rd. 21211	25a. DATER	EC'D BY REGISTED	ISA. RECHTRA	May 19th	trudy

TOOL TOO MAKE THE WAY OF THE PARTY OF THE PA areguans) assert the pull thought to the test of the continues. Jeonie mie a .eva estretiai a m m marayana pe igrigarana S.F. Co. The Jonn L. Purus Local Paragles at 21210 PARTE NEW STREET Joseph & Princest M.D. X 7/3 CONTRACTOR SERVICES ST. PRETURB err so comercia como post salta do. 2121. U Juli i 1566

H. Mander & Sons, Inc., Baltomore, Md. -21213

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

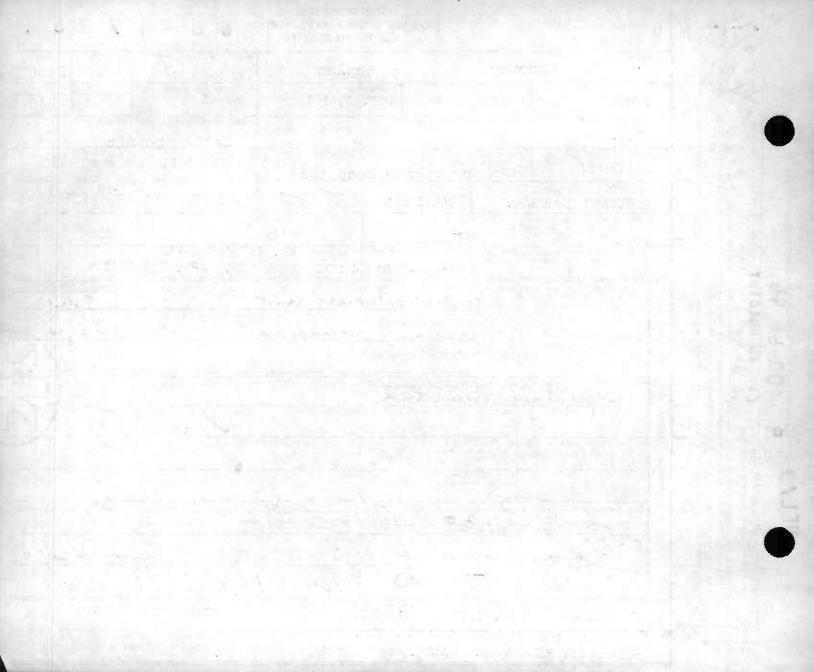
DHMH-16 20M (VRA 15, 4) 7/78

The second secon

on the Total and the second of
The state of the s

10	FOR STATE				DEP	ARTMENT OF		MENTAL HY	SIENE 8	0	- 1	7	2	6 3
	REGISTI DECEASED N		FIRST		MIDDLE	CERTI	LAST OF I	DEATH	20 DATE C	REG. NO		DAY Y	/EAR	2b. HOUR
-	TYPE OR PRINT	В	ENJAMI	EN	THOMAS		CANNON				7 1	9	80	3:50p
W)	SEX MATA	7	1	BLAC	K	5. DATE	OF BIRTH	25	& AGE (IN	YEARS LAST BIRTH	7	IF UNDER	1 YEAR OAYS	IF UNDER 24 HR
-	BIRTHPLACE			CITIZEN OF	WHAT COUN	ITRY? 1 MARR	NEVER			DRE CITY OF		OF DEA	ATH	
2 1	NORTH (TH II	TIE NOT IN SI	HOSPITAL, NU	URSING HOME STREET ADDRESS)	OR OTHER INS		12a USUAL	OCCUPATION MOST OF	N		CIND OF	BUSINESS
S	BALTIMO			TETERAL	N ADMIN	ISTRATI		CAL CEI						HLEHEN
Ser L	MARYL.		136 COUNTY	Y	BALTIM	TOWN	YES A	NO [3349	WINDS	OR AV			EL CO. 216
ical exa	4 FATHER'S N	AME BENJAM	IN MIC	DDLE	CANN	ON		S MAIDEN NA FIRST LBERTA	ME	WIDDLE	T		LAST	
the med	60 WAS DECE		I IF YES, GIVE W	AR OR DATES	166 SOCIAL	SECURITY NO	17 INFORMA	ANT	TON 2	ADDRES		~		
event,	YES	E OF DEATH	WWI AS CAUSED	one couse pe	24018		MARY	E. CAI	NON 3:	349 W.	INDSC	JR A	AVE EMPROXIM	EINTERVAL NSET AND DEAT
shows any injury, or other	PART 2		g the lost	(c)_ ONDITIONS C	PULMO	SEQUENCE OF			ZOG AUT		206. IF YES	, WERE	FINDING	
01	OR CONT		AUSE OF DEATH	HOUR A	OF INJURY			JURY OCCUR	RED (ENTERN	ATURE OF INJURY	IN ITEM 18, P	ART I OR P	ART 2	
	9	RY OCCURR	ED	21e PLACE	P.M. E OF INJURY TREET, FACTORY, O	FFICE, FARM, ETC.J	211 LOCATION STREET	ON		CITY OR TOW	И	COUN	ITY	STATE
	saw/	the decease		V.TIIT.	he deceosed for	0	Ind that in NO	19 80 (our) opinion		OULY ed on the do	19 te and hou	r and fro		hot (h (we) le ouses stated
ANT: If In	22b. SIG	nen	Sen ME ITYPE OR PI	Son RINT)	Au	Am	DEGREE 1220 ADDRES	ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAF		221.	DATE S	IGNED
IMPORTANT		12/24	Ben		HUNT	MD		OO LOCH	RAVNE	BLVD	212	18		
= 7	SURIAL, CI		REMOVAL	236. DATE		23c NAME OF	CEMETERY OR	CREMATORY	23d. LOC CITY	ATION OR TOWN		COUNTY	,	STATE
	Din	rial		74 T.	ilv.80	7 mh	tus Me	em. Pk	Pal	timor	0 00	1.6	arv	1200

03:11:50		HOSELLED		HI GO.	
		TO (8	10		391
t -	IS BUCK		d 0	• 4	many its
	MATTER 12.1.			AMERY	31.30.14
			Jan 1981		can .
7			TEMENO		aceptail.
to the state of			MC-m less	17.	-1
	The same of the same of		Long Company		
	The Call of the Late	- STAMOR	THE STATE OF THE STATE OF		
		W Augus	Formula.		
		W Augus			
		W Augus	Formula.		
		W Augus	Formula.		
		W Augus	Formula.		
		W Augus	Formula.		
		W Augus	Formula.		
		BT.	Formula.		
		ara () Ar	Pot number		



10	1.	FOR STATE REGISTRAR		FHEALTH AND MENTAL HYGI IFICATE OF DEATH	IENE 8 0	. 1726
		CEASED NAME PHILIP	re, Philip	CAPLAN	28 DATE OF DEATH	MONTH DAY YEAR 26 HOUR 1980
age ect s all	3 SE	M ALE	C AUCASIAN S	E OF BIRTH 98	& AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR IF UNDER 24 MONTHS DAYS HOURS 4 YRS.
uneral dir n 72 hou	7e Bi	ount'i THUANIA	USA	NED NEVER MARRIED	Salto	OR COUNTY OF DEATH
ours after iby the filled within ust be no	1	MALINOIS	NAME OF HOSPITAL NURSING HOMI		ROUTE SUPE	RVISOR SUNPAPERS
y filled in build be filled in aminer mu	13e. 3	ALT I	MORE 133 TO SALE	YES NOTEXX	3 STREET ADDRESS	cunteur Ct adings
outed wi	14. F/	CHATM MID	CAPLAN	15. MOTHER'S MAIDEN NAM	WIDDLE	BASKA
e be exected an and consistency of Pages 1 and consistency of the me		VAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE WA		MRS	ROSE CAP	
law requires the been signed by t. Then please ritor to burial, is any injury, o	ATION	PART 2 OTHER SIGNIFICANT CON	((c) NDITIONS CONTRIBUTING TO DEATH B		INAL DISEASE OR CON	DITION GIVEN IN PART 1(0)
IIAN: The cian. ficate has I mit permit Hygiene pr m 18 show:	CERTIFICATION				YES NO	IN CERTIFYING CAUSES OF DEATH?
HYSICIA I physicia nis certific rial-transi Mental Hy or Item 1		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19		ED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)
IDING PH Ittending After thi is the buri th and M marked o	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY IAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
onspital or a INECTOR: INECTOR: ed for use a apt. of Heal		27a. I certify that (I) (this haspital) saw the deceased alive an above, (I) (we) (did) (did nat) v 27b. SIGNATURE	1/10 19 10	and that in (my) (aur) apinian d	death accurred an the d	ate and hour and from the causes state
IOSPITAL Seed by the houneRALD doe detached the State De IRTANT: If	1	22d. PHYSICIAN'S NAME (TYPE OR PR		ATTENDING PHYSICIAN		FF 7/14/80
TO HOSPIT retained by TO FUNER, should be de with the Sta IMPORTAN	23e	RIPIAL CREMATION REMOVAL	ATEL 236. DATE 1236. NAME OF	F CEMETERY OR CREMATORY	234 LOCATION	Juspiral.
	138	SPECIFY) BURIAL	- 4 4 4 4 4		CITY OR TOWN	COUNTY STATE
BP			7/16/80 WORKM	EN CIRCLE	RAITIMO	

STATE OF MARYLAND

action there was a proper Chinisteenay & the Beaco The second of th

7	1			STATE OF MARYLAND		
	1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 O	17266
(M)		CEASED NAME FIRST GEORG	EE A. CAREY	LAST	July 31,	MONTH DAY YEAR 26 HOUR
ge 4 meetor, +	3 SE	M ale	4 RACE White	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I YEAR IF UNDER 24 HI MONTHS DAYS HOURS MIN
deoth. Po	5	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY O	R COUNTY OF DEATH
by the fune filled within		BALTIMORE	ST. AGNES	HOSPITAL	126 USUAL OCCUPATION OF WORK FOR MOSTO ELECTRICA	
ly filled in should be the	13 ₀	AL RESIDENCE (IF NURSING HOME OF STATE TO COU	the state of the s	N 134 INSIDE CITY LIMITS?	13a STREET ADDRESS POBOX 154	Sel-
ompletely and 2 sl		ATHER'S NAME FIRST FRANK -	MIDDLE CAREY	15 MOTHER'S MAIDEN NAM	- Zi	nzmister LAST
on ond co. Poges	160	WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 578–10-		3619 W. AD ST	ringfield , South Carolina
quires that the death certifica signed by the ottending phys hen please remove corbompop to buriol, cremation, or remove injury, or other troumatic event,	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c)		inal disease or cont	DITION GIVEN IN PART 1101
The low re- ician. ite has been nsit permit. I rgiene prior shows ony ii	CERTIFICATION	190 DATE OF OPERATION	19b CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
HYSICIAN: Tinding physicins on certificate buriol-fronsition or frem 18 shoot from the manual transition from the manual from	MEDICAL CER	71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED	EATH HOUR A.M. MONTH DA	271. HOW INJURY OCCURR 19 211 LOCATION	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2}
or often or otten After the e os the olth ond morked o	WE	AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	STREET JUNE 27 30 80	CITY OR TOW	COUNTY STATE
OR ATTEND OR ATTEND on the hospital of DIRECTOR: obched for use Dept. of Head Dept. of Head 21 is mither the property of the p			of view the body ofter death.	, 19	, to deoth occurred on the do	ite and hour and from the causes stated
by the by the ERAL D e detoc		Best 7.	Morten, m	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAF DIRECTOR PHYSIC	7/31/80
TO HOSPITAL etoined by 1 TO FUNERAL should be de with the Stott		Bert F. Mort				TIMORE, MD. 2122
BP		BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL		Parklawn	ROCKVII	
DHMH - 16 50M 1/76 (VR A 15 (4))		UNERAL DIRECTOR ANCIS H. BARBEF	R LAYTONSVILLE.	MD. 20760 AUG	REC'S BY REGISTRAR	THE GET RARY SIGNATURE

EVILLINGUE CILX END CATEM VAL. TAKETIMORE, NO. 012239 Established Total State of the
A	1	FOR - STATE REGISTRAR		DEPARTA	AENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	. 0) G. NO.	7 2	6 7
		CEASED NAME FIRST Thomas	E	14	Care		July 5		DAY YEAR	26. HOUR 3:39pm
nce.	3 SE	x Male	A RACE Neg:	ro	Marchar March	ch 5, 1911	6 AGE (IN YEARS LA		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
	7a. B	RTHPLACE (STATE OR FOREIGN OUNTRY Virginia	U.S.		MARRIEI WIDOWE	NEVER MARRIED	Baltimore CI	TY OR COUNTY		MD.
200		Baltimore	The Joh	SPITAL, NURSIN	GHOME C DOMESSI Kins	Hospital	178 USUAL OCCU (TYPE OF WORK FOR M			F BUSINESS OR
5	13a	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN Aryland	ITY 13	e residence before city or town Baltim	N	134 INSIDE CITY LIMITS? YES 🔯 NO 🗌	13e STREET ADDR 2007 H		d Ave.	21218
Oical exa	14 F.	Landon ^	C.	Care;	У	Mackey	AE MIDE	DLE.	Brow	т
t, the me		NAS DECEASED EVER IN U.S. AR/ yes, no or unknown) (16 yes, give NO	WAR OR DATES)	12-10-		Ruth E. Ca		DDRESS 7 Home		LVE .
any injury, or other	NOI	Conditions, if ony, which gave rise to immediate cause (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT C	(c)	S A CONSEQUE	NCE OF	NOT RELATED TO THE TERM			EN IN PART I (d	21
Hygiene pri	CERTIFICATION	190 DATE OF OPERATION			OPERATIO	N WAS PERFORMED	YES NO	IN CERTIF		
and Mental Hy orked or Item 1		278 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)		MONTH DA	YEAR	216 HOW INJURY OCCURR	ED (ENTER NATURE OF	INJURY IN ITEM 18, P	ART I OR PART 2]	
marked	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21a. PLACE OF (AT HOME, STREET	INJURY FACTORY, OFFICE, F.	ARM, ETC	211 LOCATION STREET	CITY C	DR TOWN	COUNTY	STATE
of Heal		22e.1 certify that (1) (this hospit sow the deceosed alive an obove, (1) (we) (did) (did not		19_	-	d that in (my) (our) opinion (he date and hou		that (I) (we) last couses stated
NT: If It		226. SIGNATURE Ruly 4	Olb_			DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF	7-/5	1.
with the State D		224 PHYSICIAN'S NAME (TYPE OF	OIKAWA			JOHNS HOPE	CINS HOSP	ITAL.	BATTIMA	RE MD
3 ≥		BURIAL, CREMATION, REMOVAL BURIAL UNERAL DIRECTOR	236. DATE 07/12/	-		EMETERY OF CREMATORY Cemetery	charle	tite C.	COUNTY H V	siale irginia
H-16 25M		RSHALL W JON	ES JR/4	101 ED	MOND	SON AVE IIII	REC'D. BY REGIST	No.	-y/Kel	ready

051108 Ent s the transfer of the second of and the state of t Marin Tolling or we could be a second tradeff. As I May 1 Hours the second Market I work to the second of
No.	7							OF MARYLAND				
1	0	1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	10.	172	2 6
6	1	I. DE	CEASED NAME	FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
A (1997)	1		,	E	3TH	FR C	PAR	NAGGIO	JULY	17,	1980	11:50
	2	3. SE	х		4 RACE		5 DATE C		6 AGE (IN YEARS LAST BE	THDAY)	FUNDER I YEAR	IF UNDER 24 HR
2 01	light.		Female		White		Jan. 1	3, 1913	67	YRS	MONTHS DAYS	HOURS MI
1 de 1	The same		IRTHPLACE (STATE OR F	OREIGN	TE CITIZEN OF	WHAT COUNTRY?	1	D MEVER MARRIED	1 BALTIMORE CITY	OR COUNTY	OF DEATH	
72.	377		aly		U S	Α	WIDOWE		BALTIMO	RE C	CITY	
es after y the fu doubling	255		altimore	ATH		HEACILITY, GIVE STREET	ADDRESS)	HOSPITAL	12a USUAL OCCUPA ITYPE OF WORK FOR MOST Seamstr	OF WORKING LIE		hino
10 B		USU	AL RESIDENCE (IF NUR	SING HOLL OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	AOMISSION)	1100111112			0100	Hang
thin 24 mild be	35	I.	state laryland	Balt	imore	Catons		134 INSIDE €ITY LIMITS?	425 Neep	ier Ro	ad, 212	28
D 25	500	14.17	ATHER'S NAME FIRST		NODLE	LAST		15. MOTHER'S MAIDEN NAI	MIDDLE		LAS	
10 6	DU	_	Bruno			Nicoloi		Clemenhna			Terl	а
2	2		WAS DECEASED EVER YES, NO OR UNKNOWN)		WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT	ADDF			
2 22	3	no				215-01-6	5479	Anthony J. C	arnaggio,	425 Ne		
3 3530	E .		18 CAUSE OF DEAT	TH (Enter onl	y one cause per	line for (a), (b), on	d (c). (RETWEEN	MATE INTERVAL
t field	9		PART I. DEATH V			Pulm		Amet				
0 000	2		4 4	IMMEDIATI	E CAUSE (o)	1 000	- Court					
	2		5211)	DUE TO O	R AS A CONSEQUE	NCE OF					
1 1	5		Canditions, if any	which	(Amir	n ten					
411	9		gove rise to im		16)	113/11	044					
	Ď,		cause (a), state		DUETO	R AS A CONSEQUE	NCE OF	0				
5 59	8		underlying causi	e lost.	1	Progra	14/10	Duranton	1 / 44			
er 10	2				(c)		2010	23700	110			
San Balan	€.		PART 2 OTHER SIG	NIFICANTO	ONDITIONS	ONTRIBUTING TO	DEATH BYT	NOT RELATED TO THE TERM	INAL DISEASE OR COL	MILION CIV	EN IN PART TO	ים
UU	2	6	A/2/1	sime/	8 //	rouse	M	my o Monic	Cataral	-1000	and	
1446		łĚ	IA DATE OF ORER	TION!	In COND	ITION SOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	128h JE VE	S, WERE FINDIN	NGS LISED
200 % 20	6 Q	13	190 DATE OF OPERA	CHON	148 COND	HON FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOFST:	IN CERTIF	FYING CAUSES	OF DEATH?
	F.S	=	1						YES NO		ES 🗆	NO []
New 5 6 0	00	CERTIFICATION	210. ACCIDENT WAS UN	DEDIVING C	21b. TIME C	E IN HIDY		21c HOW INJURY OCCUR				U
O O E EI	E	Ü				M. MONTH D	AV YEAD	THE HOW INJUST OCCUR	TED (ENTER NATURE OF IN)	JRT IN ITEM 18, F	'ART I OR PART 2)	
Syr Syr - tr	24	1	OR CONTRIBUTING									
PHYSIC ng physic this certifundurial-trifundurial-	5	2	(IF EITHER, NOTIFY MEDI			M.	19	THE LOCATION				
100 C C C C	arked	MEDICAL	216 INJURY OCCUR		21e PLACE	OF INJURY REET, FACTORY, OFFICE, I	ARAA ETC 1	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
Se in the se	<u> </u>	≥	AT WORK AT W	ORK	(Al Frome: SI	ter. racioni, orrice, i	AMM, 61C.)					
A P as t	8		AT WORK - AT W	UKK -					7/	10	(1)	
E Se	201		22a.E certify that (I) (this haspit	al) attended th	e deceased from_	///	190 19 80			19.80	that (I) (we)
H	N	1	sow the deceos	sed olive on_	///	7 19	88	nd that in (my) (our) opinion	death occurred on the	ote and hou	or and from the	couses states
O L	e =		above, (1) (we) (did) (did not	view the body	ofter death.						
DIR	=		226 SIGNATURE					DEGREE			22c. DATE	SIGNED,
1 00 00 0			1/		11-	1 1.00		ATTENDING	MEDICAL STA		7/	10/0
A steel			100	ral		- COK	n	PHYSICIAN [DIRECTOR PHYS	CIAN	/(10/0
Sted	∢;	1	224 PHYSICIAN'S N	AME (TYPE OR	PRIDAT			22e ADDRESS				
Noge of	2							Jahan Hanlide	- 11			
F Control	IMPORT	1	210					Johns Hopkir	s nosbital			
TO LOS ITAL retained by the TO FUNERAL E should be detach with the State D	3	22-	BURIAL, CREMATION	DEMOVAL	23b. DATE	1 2 2 . 1	NAME OF C	EMETERY OR CREMATORY	236. LOCATION			
	7	134	(SPECIEV)	REMOVAL	,				CITY OR TOWN		COUNTY	STATE
BP	1		Burial		7/21/	80 Lo	rraine	Mausoleum	Baltim	ore,	Ma	ryland
1	100	74 F		1630	Edmonda	OD AVE	Cator	sville Md25e DAT			TRAT'S SIGNAT	MRE
DHMH-16 2!	5M								111 01 10	do	1.4	201
(VRA 15, 4) 1		Wi	tzke Fune:	ral Ho	me of C	atonsvil	le, P.	A. 21228	.1111 21 19	SU /	water 11	- VOIA
The second second second	2	-							V.V.	1-		

to the sell does alternative the contract of the selling of the se

		STATE OF MARYLAND	12	
1	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	0 0	17269
	CEASED NAME FIRST	MIDDLE LAST	REG. N	O. MONTH DAY YEAR 26 HOUR
J CF	EORPRINT) Henr	V Carpenter	100	07 21 80 6:15Pm
3 SE		RACE S. DATE OF BIRTH MONTH DAY YEAR 04 /3 13	6 AGE IN YEARS LAST RIF	HDAY) F UNDER 1 YEAR F UNDER 24 HRS MONTHS DAYS HOURS MIN
	HRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY C	R COUNTY OF DEATH
228	BALTO.	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION INFOOT IN SUCH FACILITY, GIVE STREET ADDRESS)	126 USUAL OCCUPAT ITYPI OF WORK FOR MOST OF	F WORKING LIFE) INDUSTRY
USU	TAL RESIDENCE IN HURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	13. STREET ADDRESS	acoleton ST
- 2a-	ATHER'S NAME PRIST	MODIE LAST SMOTHER'S MAIDEN NA	ME MIDDLE	CARperter
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? IN SOCIAL SECURITY NO 17 INFORMANT	ADDRI	iss trapedies
ent, t	LIA CALISE OF DEATH (5-4	1218 1275 Voyce CARPE	W/CR 1812	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
tic ev	PART I. DEATH WAS CAUSE	ily and couse per line for ia), (b), and ic.; D BY TE CAUSE (a) Res Piratory (ardiovascu)	las Arres	BETWEEN ONSET AND DEATH
traumatic	421	DUE TO, OR AS A CONSEQUENCE OF		
	Conditions, if ony, which	(1b) left CVA		
r, or other	gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF		
any injury.	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1(a)
TIFICAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DAY YEAR	RED JEHTER HATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)
1 3	JIF EITHER, NOTIFY MEDICAL EXAMINER)	F./M.		
marked or Item 18	21d. INJURY OCCURRED	21e PLACE OF INJURY 1 AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f LOCATION STREET	CITY OR TO	VN COUNTY STATE
n 21 is marked or It. MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK NOT CALL AT WORK AT WORK NOT CALL AT W	21e PLACE OF INJURY 1 AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f LOCATION STREET 10l) attended the deceosed from JUNE 17 19 YU 18 0 and that in (my) (our) appaigns	to_ July	121, 19 80, that (1) (we) last
Item 21 is marked or MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK NOT CALL AT WORK AT WORK NOT CALL AT W	21e PLACE OF INJURY 1 AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f LOCATION STREET 10l) attended the deceosed from June 17, 19 YU	to_ July	31 81
MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (I) (this hasping sow the deceased alive an above, (I) (we) (did) (did)	21e PLACE OF INJURY 1AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 10l) ottended the deceosed from JUNE 17 19 YU 12	death occurred an the	ate and hour and from the couses stated
ANT: If Item 21 is marked or	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (I) (this hasping sow the deceased alive an above, (I) (we) (did) (did)	21e PLACE OF INJURY 1 AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f LOCATION STREET 10l) ottended the deceosed from JUNE / 19 YO 1) view the body offer death. DEGREE MD ATTENDING PHYSICIAN	death occurred on the d	19 80, that (I) (we) last ate and have and from the couses stated
IMPORTANT: If Item 21 is marked or	21d. INJURY OCCURRED WHILE ATWORK NOT WHILE ATWORK 220.1 certify that (I) (this hospin saw the deceased alive an above, (I) (we) (did) (did no 22). SIGNATURE	216 PLACE OF INJURY 1AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 216 LOCATION STREET 101) attended the deceosed from JUNE 17, 19 YU 11 view the body after death. DEGREE MD ATTENDING PHYSICIAN RERNI) RERNIT PLUS MD UNIVEY	medical STA DIRECTOR PHYSIC	19 80, that (I) (we) last ate and have and from the couses stated

. 0 2 1 1 0 3 THE TELL OF HOLDER Less to the state of the state Fritz Un newty - Hary land It - Taken Md Bolto Mel Me Markety St. 218 0 1 24 Toyer Calgrafia 1812 11 Applica It Respiratory / Kendinisala Hinst AVED THE They are some it so makes in glat Sand M. Rivan M. Tarke Paul in Privas MD University of Maryland Hispital Edward 4-2555 Miller World Colle Day Jeller Marie College Late VIII Fritzman V. 100

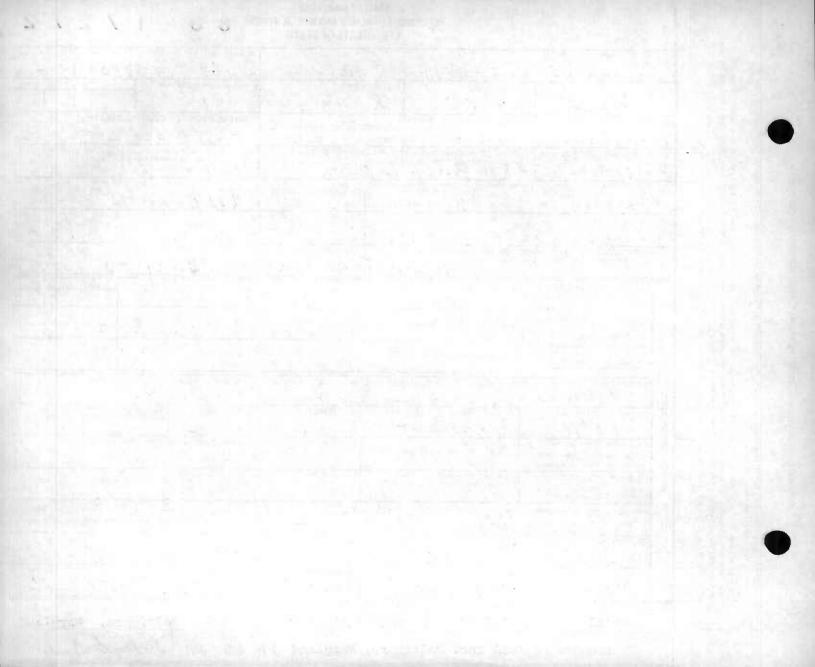
2 4 2 03/31/2 - 4 Fe/2 - 38/4 alignita ? THE RESERVE OF THE PROPERTY OF THE PARTY OF

				STATE OF MARYLAND			
1 2		FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 0	17	271
-	Ti-	DECEASED NAME FIRST YPE OF PRINTS	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
5 75 BM	Ď.	Arthur		Carter	July 3,	1980	7:08pm
A STATE	3.	SEX	4 RACE	5. DATE OF BIRTH	& AGE IN YEARS LAST BIRT		
1 15 000	9	M.	NEGRO	2 8 52	1 4	8 YRS MONTHS DAY	S HOURS MIN
eral din 72 hours	h	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	Baltimore	RCOUNTY OF DEATH	
within 72	_ 10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	WIDOWED DIVORCED DIVIDING HOME OR OTHER INSTITUTION	12R USUAL OCCUPATE	ON 126 KIND F WORKING LIFET INDUSTR	
filed nustre	5	PH-10		kins Hospital	CLERK	9K	OCEKX
ould be f	5 13	m d	FOR OTHER INSTITUTION, GIVE RESIDENCE BEFO DUNTY 13c CITY OR TOVE BALL	YES P NO	13R. STREET ADDRESS	Carolin	o Ro
ompletely and 2 sh	2011	FATHER'S NAME FIRST AMES	MDOLE PARTE	15. MOTHER'S MAIDEN NA	IME JOSH	em pson	ngh .
Pages 1 art, the med	16	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SEC	WRITY NO. 17 INFORMANT HELEN JO	ADDRE NO 12	17 h. Can	olm il
signed by the attending replease remove carbon on burial, cremation, or r rinjury, or other trauma		Conditions, if ony, which gave rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUENCE TO OR AS A CONSEQ	ONIC ALCOHOL A		DITION GIVEN IN PART	lio
e has beer bermit. The ene prior shows any	7	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20R AUTOPSY?	20b. IF YES, WERE FINE IN CERTIFYING CAUSE YES	DINGS USED ES OF DEATH?
rial yansit plantal Hygi	///	OR CONTRIBUTION TO CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR)
th and M marked	A SPORT	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.] 211 LOCATION STREET	CITY OR TOV	WN COUNTY	STATE
AL DIRECTOR: trached for use a te Dept., of Heal IT: If Item 21 is			on 1912 3 19 19 19 19 19 19 19 19 19 19 19 19 19	DEGREE ATTENDING PHYSICIAN (death occurred on the d	FF 270. DA	a, mar (1) (==)
Id be der the Stat	7	224 PHYSICIAN'S NAME ITY		22R ADDRESS			ST.
		KOBERT J.	MANDEL	JOHNS HOW		WUCF E	
	23	BURIAL, CREMATION, REMOVE (SPECIFY) Burial	7/9/80 7	nt. Calvary	23d. LOCATION CITY OF TOWN	esents.	mother
DHMH-16 25M	24	FUNERAL DIRECTOR	1 A ACORESS	250. PA	TE RECID. BY REGISTAR	The property street	Windy
(VRA 15. 4) 1/79		I - V FINED	21 Hours 1866	12 60 110000	I 1000	/	

CLERK GRECKY ERITO & 1717 h. Europho AT JAMES CARTER HELEN Thempson HELEH Johnson Tier M. Castler of LOCKS FUNDER- L. Has BELLING TO THE BOOK FROM THE

()	1 -	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH.	GIENE 8 0 REG. NO.	7272
eo le contraction de la contra		CEASED NAME FIRST PRINT) ATHARINE	ELIEF BETI	1 CARTER	SULY 13,1	DAY YEAR 26. HOUR 980 9 FM
ige 4 mo) ector, po urs after, d	3. SE	FMALE	1. RACE INHITE	5. DATE OF BIRTH MONTH DAY YEAR 1899		IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
deoth. Po	N	RTHPLACE (STATE OR FOREIGN UNITRY) HRYLAND	76 CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNT BALTIMORE 120. USUAL OCCUPATION	1 1 /
ours ofter dec	B	ALTIMORE ALRESIDENCE (IF NURSING HOMEOR	3 8 1 B = L	HIR ROAD	TYPE OF WORK FOR MOST OF WORKING L	FE) INDUSTRY
filled hould b	13a. S	THER'S NAME	ITY I3c CITY OR	IN NOTHER'S MAIDEN N	130 STREET ADDRESS	IR RODD.
omplete	i	FIRST WAS DECEASED EVER IN U.S. AR	REEL CA	RTER LUCEET	1A GRACE ADDRESS	SMIST H
e be execution ond colors. Poges 1.		YES, NO OR UNKNOWN) (IF YES, GIVE	217-2	6-3127 BROTHER-	8404 ABERY	RD COUNTY APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
g physi on pop emeno event,		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	E CAUSE (a)	GEST IVE MEAN	RT FAILURE	2 MONTHS
is that the deoth ce deby the attendian lease remove corb riol. cremotion, or r		Conditions, if any, which gave rise to immediate cause (a), stoting the	(0)	ROSCLERUTIC	C-V-DISEA	E 9YEARS
		underlying couse lost.	DUE TO, OR AS A CONSI	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GI	VEN IN PART I(a)
n. n. nos been signing permit. Then permit then we only injury,	ATION	CHROVIC	OR GANI	IC BRAIN HICH OPERATION WAS PERFORMED	SYNDROME 200, AUTOPSY? 1206, IF YE	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
V: The I ysicion. cote hos onsit pe Hygiene 8 shows	CERTIFICATION	1971 21a. ACCIDENT WAS UNDERLYING	THE PARTY OF THE P	21c. HOW INJURY OCCU		ES NO
5 AH Signal	MEDICAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE	P.M. 210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	19 21f. LOCATION	CITY OR TOWN	COUNTY STATE
Afte of the mort		22a.1 certify that (1) (this hospi	7/2/		n death occurred on the date and ha	ur ond from the causes stoted
TAL OR ATTEN TAL OR ATTEN TAL OR ATTEN AL DIRECTOR: detached for us detached for us to the Dept of He ATTEN THE HEM 21 is		ábave, (f) (we) (dið) (did a	H Tolek	DESTEE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/3/80
HOSPI bined b FUNE ould be the SI PORTAL		224. PHYSICIAN'S NAME (TYPE O	F. POL	FK 3603 BE	LAIR RD., D	PALTO, MU
PP	23a.	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	7/16/80	231. NAME OF CEMETERY OR CREMATORY Fork Methodist	234 LOCATION CITY OR TOWN FORK Baltin	county STATE
DHMH - 16 25M (VR A 15 (4)) 9/74		UNERAL DIRECTOR			ATE REC'D. BY REGISTRAR 256. RES IS	

STATE OF MARYLAND



1 80	1	FOR - STATE REGISTRAR	CERTIFICATE OF DEATH . 8 0 1 7 2 7 3
M) ii		ECEASED NAME FIRST	MIDDLE Carter 20 DATE OF DEATH MONTH DAY YEAR 126 HOURS
. Page 4 md director, mours after at once.	3.5	11	Black 10 29 1911 69 YRS MONTHS DAYS HOURS MIN
uneral n 72 h	3	COUNTRY) CITYOR TOWN OF DEATH,	MARRIED NEVER MA
hours after in by the filled with	V	Bult. Md 1	IF NOT IN SUCH EACHTY, GIVE STREET ADDRESS TO SO I DE STORE INSTITUTION THE INSTITUTION GIVE RESIDENCE REFORE ADMISSION)
YLAND 21 within 24 h tely filled in should be sxaminer m) 130	STATE 136 COUNTY	
cuted comple and 2	1		CAPTER ANNIE TEAMON
BALTIMORE ificate be exe ysician and c pers. Pages 1 oval. event, the m		(YES, GIVE W	231-05-3850 CAtherine Woodington 455 GUMMINGS
re death cert trending ph ve carbon pa trion, or rem		PART I. DEATH WAS CAUSED IMMEDIATE	BY ALLANDER OF TOTAL OF THE STATE OF THE STA
S, 201 W. P equires that signed by th n please rem b burial, cree injury, or ot	z	cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF SCUR DE CONDITION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101
The law : The law opermit. The ene prior shows any	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
0 = + 8 - 5	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19
DIVISION OF THE THIS CAR After this cer as the burial-tr th and Menta marked or Ite	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET CITY OR TOWN COUNTY STATE
ATTEN oital or a ECTOR for use a of Heal		220.1 certify that (1) (his haspital saw the democraticalize and above, (1) (we) (did) (did no)	mended the receosed from 1900, to 1900, that (I) (we lost piew the body offer death. 1900 and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated
A P P P P P P P P P P P P P P P P P P P		22h SIGNATURE J	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN
TO HOSPITAL TO FUNERAL should be deta		228 PHUS IAN'S NAME UPPORPH	fort Guevara Povidon Hospital
170 BP	L	1-2421p	236. DATE 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STATE
DHMH-16 25M (VRA 15, 4) 1/79	-	FUNERAL DIRECTOR	ADDRESS 19181 1918 1 1980

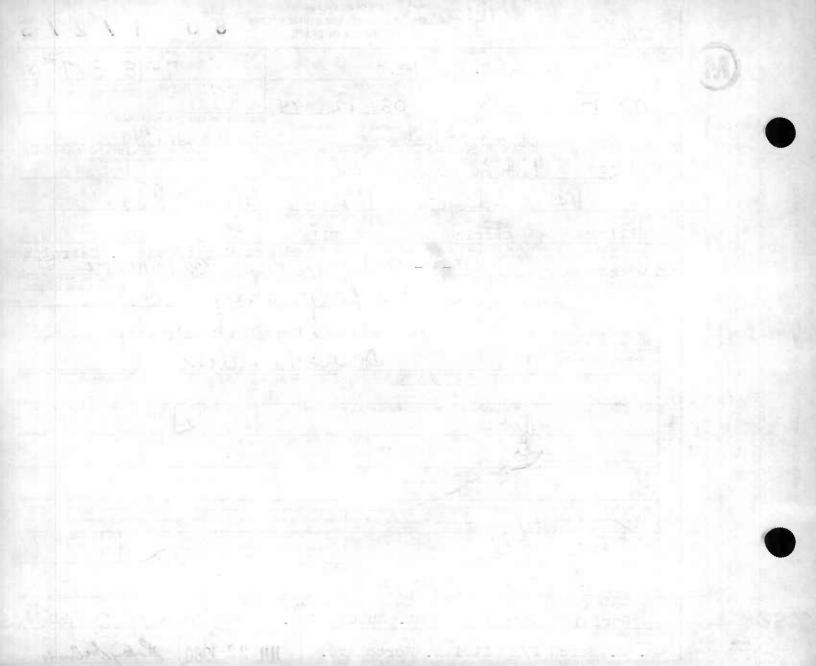
STATE OF MARYLAND

Milestope and the contract of mucheral virterials start in the AST A Auto 1 Continues Completed The second of the se 1986. Ushing the state of the s

	1-	STATE	e,e and 5					D NTAL HYGIEI SATE OF DE	60		7 0	7 1
and providing	I. DE	REGISTRAR CEASED NAME	FIRST	74161	MIDDLE	MIIIVEK 3	LAST	ALE OF DE	20. DATE KNOW	NO.	DAY Y	YEAR 75, HOUR
PLEASE ECTOR FILES HOURS STREET,	{TYP	E OR PRINT)	Jenni	lfer 1	ynn	C	arter		OF ESTI-		9 19	80
O THE FUNERAL BIRECTOR AGES & POR FOUR FUSES B FILED, WITHIN 72 HOURS 301 W PRESTON STREET.	3. SEX	emale	white	5. DATE OF BIRTH.	YEAR LAS	E (IN YEARS IF U T BIRTHDAY) MON 5 YRS.	NDER I YR.	HOURS MIN	2c. DATE PRONOUNCED DEAD	7	DAY	YEAR 2d HOUR 1:10F
THIN		RTHPLACE (ST	TATE OR	76. CITIZEN OF WE	HAT COUNTRY?	8. MARE	RIED NEV	ER MARRIED K	9. BALTIMORE CI	TY OR COU		
360	Wa	dena, 1	Minn.	U,S.		WIDO	WED	DIVORCED [Baltimo	re Cit	у	MD.
33	В	altimor	e	Johns Ho	CILITY, GIVE STREET ALL PKINS HO	ospital	HER INSTITUT	FOI	SUAL OCCUPATION R MOST OF WORKING LIFE One		OR IND	or Business Dustry
35	13a. S		IND. COUN	or other institution, gr NTY Ine Arunde	13c. CITY OR TO		13d. INSIDE CIT	Y LIMITS? 13e ST	REET ADDRESS	chon S		
AND MENTAL HYGENE, DIVISION OF WIAL PON, OR REMOVAL.	14. FA	ATHER'S NAME	1-	WIDDLE	LAST	Mesos-	15 MOTHER	R'S MAIDEN NAM		MOH 2	LAST	
10		Gregory	7		Carter		Re	ebecca			Mills	
7	16a. V	VAS DECEASEI	DEVER IN U.S. AR	RMED FORCES? E WAR OR DATES)	16b. SOCIAL SI	CURITY NO.	17. INFORM	ANT	ADDI	RESS		
×	N	0		one	None		Mr. C	regory (Carter (fa	ther)		
19		18 CAUSE O PART I DE		nly one couse per line							BETWEEN	NIMATE INTERVAL ONSET AND DEATH
		211	IMMEDIA	ATE CAUSE (o) LTI	AS A CONSEQU		orrnag	e				
REMOVAL	1		ns, if ony, which		AS A CONSEQU	ENCE OF						
SEM.	24		se to immediate stating the under		AS A CONSEQU	ENCE OF						- 13
)		lying cou	se lost.	(6)		4						
		PART 2 OTNER SIG	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL OISEA	SE OR CONDITION	GIVEN IN PART 1 (a).				
	NOI						100		ALEKS TO			
7	CAT	190 DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH	OPERATION V	VAS PERFORM	AED?			20 AUTO	
SOR S	CERTIFICATION	AL EVTERNIA	AL CAUSE WAS	21b. TIME OF	The Classification of	I av	01111111111				YES	□ № ХХ
3		UNDERLYING	OR	HOUR A.M	MONTH DAY	YEAR ZIC. F		over/e	NATURE OF INJURY IN ITE	M 18 PART 1 OR I	PART 2)	
	MEDICAL	21d. INJURY C	NG CAUSE OF	21e. PLACE C	OF INJURY PATE	19 OW P	CATION	er in au	to that lo	ost con	itrol/1	colled
	ME	WHILE	NOT WHILE	street, FACT	ORY, FARM, ETC.)	R+	75North	of Clie	ssenMillRo		OUNTY	STATE
												erickCo, MD
C		deoth resulte		ge of the remoins des	Accident XX	ld on Autor	osy L.J. J. Homici	Inspection	Inquiry	ond in my	pinion	TID
	1811	Geom lesone	116	Passes L.	Accident ATV	Juiciue L	TITLE (SP		elemined moniter. [
W.	80	ACTUAL SIGNATURE	JA.	DINAL	D	^		etant	DICAL EXAMINER	DATE	7/10)/80
AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 21201 P		EXAMINER'S	NAME TT							100		
		(TYPE OR PRI	VT)	rmez R.Gua			~		Street, Ba	ltimor	e,MD 2	1201
8	23a. BI	PECIFY)	TION, REMOVAL			OF CEMETERY		CIT	OCATION Y OR TOWN		UNTY	STATE
	24. FI	Buria UNERAL DIREC	TOR	7/15/1980	Wade	na Ceme	tery	5n. DATE REC'D. P	dena BY REGISTRAR 136	Wade	SIGNATURE	Minn.
		NAME E	Barnes	1 Service	- Benco	n Ma		JUL 1 51	980	The same	- Custo	
	_		P - mior a	- DOI 1100	репас	119 1711 6	~TOTO!					

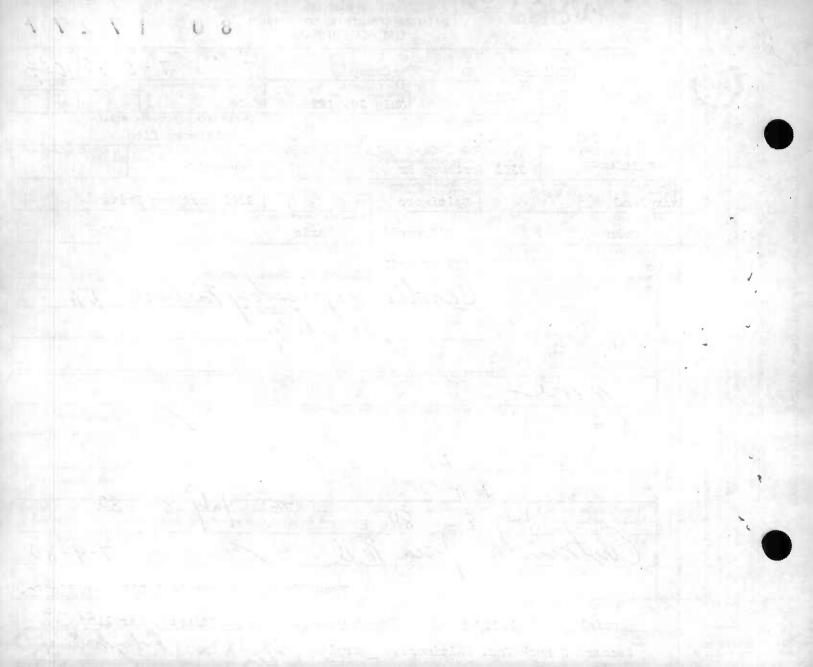
N	1 1 1					
			(: 5)		· ue rune	
				7	the name	M. 1984. E
					.ml2	
				Mappillar Tourist		CHARLE C
	3791			ghistarin E	Correct 1	
	Tell	nondell		Talled 1		
		1] maintall og samtil				
		7				
6.9		g i Atlanti (10 Es ed y r				
	ILINI	Z in the				
		E, stomer His		. 7		
		out- untributed				
		The College of the College		il , mande - iod		1.00

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME 2a. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) 00 odenec. Car 8 4 RACE IF UNDER 1 YEAR IF UNDER 24 LIBS 3 SEX & AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH QU 85 To. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) VA DIVORCED T WIDOWED 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STATE 136 COUNTY 134. INSIDECITY LIMITS? MD 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME ANIDDLE MIDDLE LAST William Carrington King 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT I IF YES, GIVE WAR OR DATES! 215-40-8544 No UNKNO BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 DIVISION OF VIT AL RECORDS CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO YES [NO I HVG 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR Mental OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDIC/ PM 211 LOCATION 214 INJURY OCCURRED 21a PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from. sow the deceased alive on. ,, and that in (my) (aur) opinion death occurred on the date and hour and from the couses stated obove, (1) we) (did) (did not) view the body ofter deoth 27h STGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF IMPORTANT PHYSICIAN DIRECTOR PHYSICIAN FUNERA 224. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS should with 1 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE STATE CITY OR TOWN COUNTY | SPECIFY Mt. Auburn Cem. Baltimore MD BP Burial /80 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH-16 25M** Wm. C. March F/H 1101 E. North Ave. (VRA 15, 4) 1/79

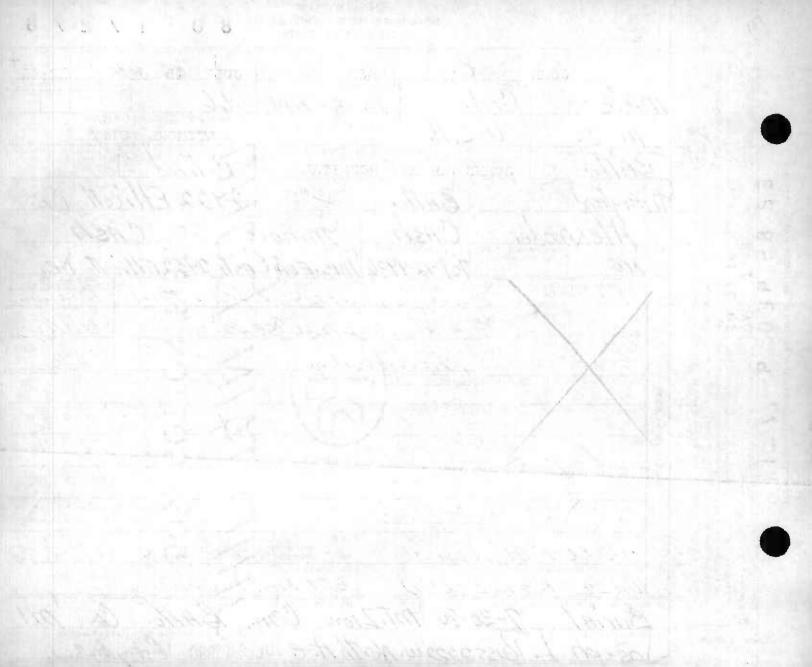


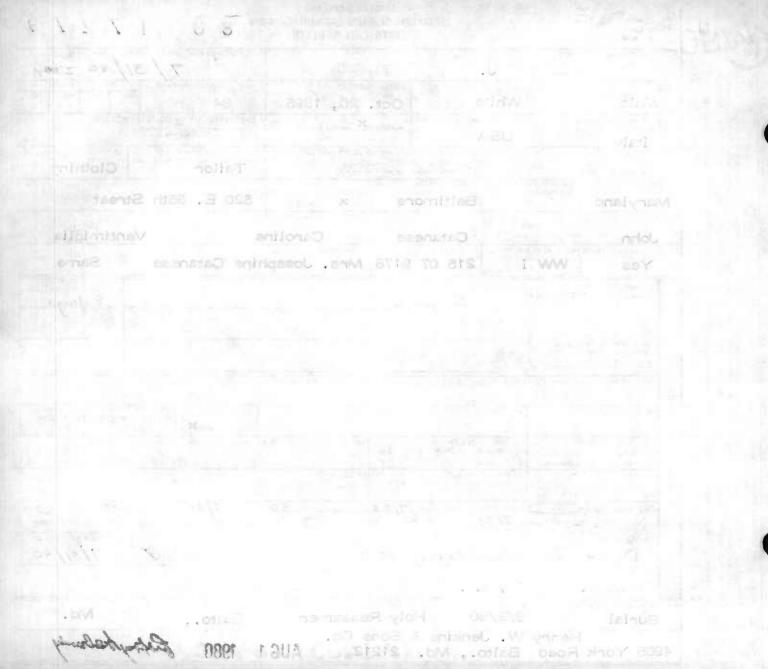
No. 17	Si le Valges et Desgra		
			soft of ales
	MICHAEL AND		
		roost 14.	(**************************************
		May be to	and the second

(VRA 15, 4) 1/79



	1		250000000000000000000000000000000000000	STATE OF MARYLAND		
3	1.	FOR STATE REGISTRAR		OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	REG. NO	17278
		CEASED NAME FIRST	77	LAST	20. DATE OF DEATH	AONTH DAY YEAR 26. HOUR 4
1 1	91075	JOHN	IK.	CASH	JULY 45	1980 12.45M
6 8 1	1. SE			ATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	
1 10 70	12	PAIR	(10)1.	MONTH -3 - 1914	66	YRS.
100 Po	# B	RTHPLACE CHARLOK FOREON 7	b. CITIZEN OF WHAT COUNTRY? 8.	ARRIED NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH
1 18/25	1	N. C.	11. 11	DOWED DIVORCED	BALTIMO	RE CITY MD.
2 2 1 10/1	عطا	FLOR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HO	OME OR OTHER INSTITUTION	126 USUAL OCCUPATIO	
i V	1 6	5A//0.	JOHNS HOPKINS		Pelire	INDUSTRY
MARYLAND 2120 8 2 3 Pdritio 24 house miplewisy filled in the ond 2-should the life Asperlimental the life Asp	n	AL RESIDENCE IN HUBBRO HOME OF C	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS		130 STREET ANDRESS	Ellient De
A 19 24 10	1/	THER'S MAME	19/1/0	15. MOTHER'S MAIDEN NA	ME	sir will tike.
1 00 1 18 Bac		Alexande	CASh	minni	e MIDDLE	CASH
W LETTER OF THE STATE OF THE ST		VAS DECEASED EVER IN U.S. ARM	ED FORCES? 6b. SOCIAL SECURITY	NO. M. INFORMANT	ADDRES	S
2 2 4		TES NO CONTINUENCE 18 YES COME	709-12-49.	36 Mrs. EUAL	Ash 2912	Ellicott De
1 D 10		18 CAUSE OF DEATH (Enter only	ane cause per line far (a), (b), and (c).)		, /	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
man		PART I, DEATH WAS CAUSED IMMEDIATE		indial 11	fancti	on boaring
NO CHO	1	486-	DUE TO, OR AS A CONSEQUENCE	OF /		21.
E 0 1 1 1 1	1	Conditions, if any, which	(b) gram &	regature se	PSIS	Sallys
by the Colonia other transfer to other tr	10	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE	of		luk
2 5 6 6 6 7		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERM	NINAL DISEASE OR COND	ITION GIVEN IN PART 1(a)
RECORDS	é					
ST S	CA	19s. DATE OF OPERATION	196. CONDITION FOR WHICH OPER	RATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
4521 2011 J	CERTIFICATION			V., 1997	YES NO	YES NO
* 10 × 1 り間 6 9	8	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	'IN ITEM 18, PART 1 OR PART 2)
5 - No 1 1 1 1	S	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
OS = 1 14 0	MEDICAL	214 INJURY OCCURRED	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, E	21f LOCATION STREET	CITY OF TOW	OUNTY STATE
N 0 5 2 5 4	^	AT WORK AT WORK			2	
Z = 4 90 E		22a.1 certify that (h (this hospita		1/25 19	, to	19 that (I) (We) last
五十二年 5 0 0 5		saw the deceased alive an abave, (1) (we) (did) (did nat)	view the body after death.		death accurred an the dat	te and haur and fram the couses stated
S by		22b. SIGNATURE	0. 10. 1	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
14 t 4 t 4 t 4 t 4 t 4 t 4 t 4 t 4 t 4 t	1	vull Re	ulline	PHYSICIAN`[DIRECTOR PHYSICI	AND 125/80
HOSPIII med by PUNED Milliber TIME STAN	1	22d. PHYSICIAN'S NAME (TYPE OR	PRINT)	22e ADDRESS	12	20.
0 0 0 4 3 -		UALE KE	NLUNG		Snoadin	eg ,
14 20 20 20 20	23e.	BURIAL, CREMATION, REMOVAL	11 n. (1) \m_1	OF CEMETERY OR CREMATORY	23d. LOCATION	L' COPY CALATE!
100 BP		DULIAL	1-30-80 1111	Hon Cen	1. 19HH	0. (0- 100)
DHMH-16 30M 2/80 (VRA 15, 4)	24 F	UNERAL DIRECTOR	Duce handress	Lath Also III	9 8 1000	Sb. REGISTRAR'S SIGNATURE

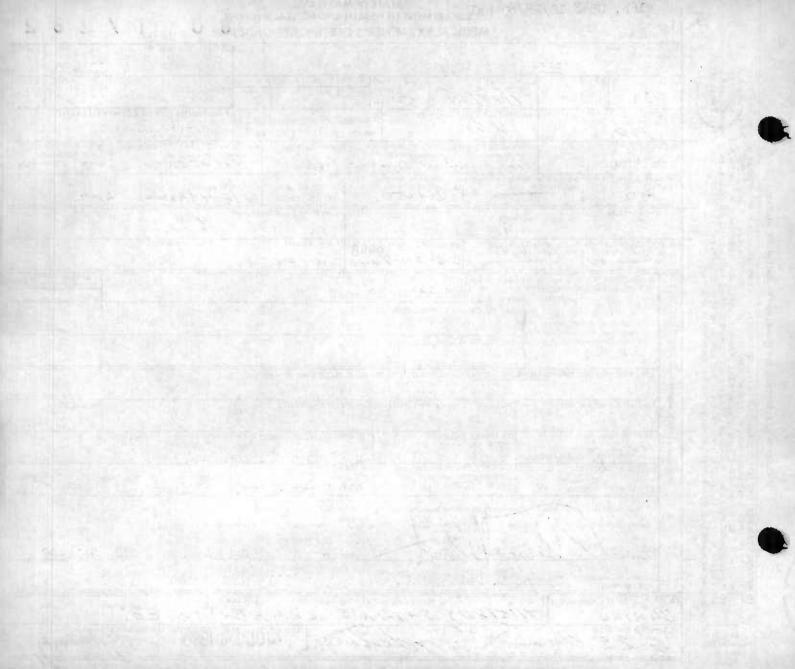




		1-	FOR STATE REGISTRAR			DEPA	RTMENT OF H	EALTH AND M		IENE 8	REG. NO.	1	7	2 8	3 0
			CEASED NAME	FIRST		MIDDLE	t.	AST		2a. DATE O	FDEATH M	HTMO	DAY Y	EAR 2b	. HOUR
6	1			MARY		ZABETH		ALIER						80	A M
P	1)	3. SE		- 1	1. RACE		5 DATE C		YEAR	6. AGE (INY	EARS LAST BIRTHO		MONTHS		UNDER 24 HRS
ř			FEMALE			HITE	08	31	27		52	YRS.			
	20/		RTHPLACE (STATE OR FO	OREIGN 7		WHAT COUNT	RY? 8 MARRIE	NEVER M	ARRIED		RE CITY OR			тн	
	\$27	-	ARYLAND TY OR TOWN OF DEA	711		J.S.A.	WIDOWE		ORCED		T IMORI			I 3O CIA	MD BUSINESS OR
	Ochified			1	(IF NOT IN SU	ICH FACILITY, GIVE S	REET ADDRESS)		11011014	(TYPE OF WOR	K FOR MOST OF	WORKING LIF	FE) INDU	ISTRY	
	o o		ALTIMORE AL RESIDENCE (IF NURS	ING HOME OR		511 McTA		ENUE		CLERI	C-CASH	LEK	FU	OD F	AIK
	15 must	13a S M	ARYLAND	136 COUN		BALT IN	OWN	LAD	NO 🗌		McTAV	CSH A	VENU	E, 2	1229
-	3000	14. FA	THER'S NAME FIRST RICHARD	м	P.	CLINGN	MAN	1	MAIDEN NAA HARY	ΛE	MIDDLE		Н	ARMA	N
			AS DECEASED EVER		AED FORCES?		ECURITY NO.	17 INFORMAN	NT		ADDRES	S			
	medical	l,	es, no or unknown)	(IF YES, GIVE	WAR OR DATES)	218-22	2-9462	ROBERT	A. CA	VALIE	3611	McTA	VISH	AVE	NUE
	event, the		18 CAUSE OF DEAT	H (Enter ani	y ane cause pe	er line far (a), (b), and (c).)						BET	PPROXIMA WEEN ON	TE INTERVAL
n po mov vent		PART I. DEATH W	AS CAUSED	BY: E CAUSE (a)	Me.	~ 41	Varun	un.	INKE	VE MU	w ·				
riol, crei	or other t		cause (a), stating underlying cause	last	(c)_	DR AS A CONSE		NOT DELATED	TO THE YERM	INIAI DISEA	T OR COND	ITION CIV	(ENLINE D.	A DT 1	
prior to bu	r injury.	NOI													
- 0	ows on	CERTIFICATION	190 DATE OF OPERA	TION	19b. CONI	DITION FOR WE	HICH OPERATIC	n was perfor	RMED	20a AUT	NO 🕖			AUSES O	S USED F DEATH? NO []
0	45 81 m		21a. ACCIDENT WAS UN	CAUSE OF DEAT	TH HOUR A	OF INJURY A.M. MONTH		21t HOW IN	JURY OCCURE	RED (ENTER N	ATURE OF INJURY	IN ITEM 18, I	PART 1 OR PA	ART 2)	
	or Item	MEDICAL	(IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR		21e. PLACE	OF INJURY	19	211 LOCATIO	N				COUN	-	
	morked	¥	WHILE NOT W	THILE	(AT HOME, S	TREET, FACTORY, OF	FICE, FARM, ETC.)	STREET			CITY OR TOWN	,	COUN	14	STATE
	. 45		220 I certify that (I) saw the deceas	ed alive an	7/1	0		nd that in (my) (, 19 <u>52</u> (aur) apinian (death accurr	7/200 ed an the dat	e and ha	19 St ur and fro	, ,,,,,,,	at (1) (we) l ast uses stated
ept.	E	-	abave, (1) (we) (22b. SIGNATURE	gran (did not	view the bad	y after death.		DEGREE					224	DATE SH	GNED
2010	# :		1	2111	14/1	/			TTENDING PHYSICIAN (MEDICAL	STAFF		1 2	7/11	180
	AAN	1	276 PHYSTCIAN SH	AME TIME	ngika -			22e ADDRESS	S			1000	1	1	
	IMPORTANT: If Hem		JOHN H.						EDMONI			2122	28		
>	1	23a.	SURIAL CREMATION	REMOVAL		ALC: U.S.	23c NAME OF				OR TOWN	****	COUNTY	****	STATE
-	_	0.1.	BURIAL		07-2	3-80	MEADOW	RIDGE MI	EM. PK.	EL	KRIDGE	PiOV	WARL	MAH	CLAND
	76		UNERAL DIRECTOR			ADDRES		21229	236 DAII	21 79	80 TRAR	and have	7	GM-HOI	/
)		H	BBARD FUNI	ERAL H	OME, I	NC. 410	7 WILKE	NS AVE.	PUL			-		_	

20:0 UF UG _5			RAYAS		RUIT	%A
				T.S	. 26: 25,	. S
	oranis la m		X			Din 1-62 FM
Milto, Cl		12:2	ergian	.our siff	ęv	_alellor_
	1946 0 188			110		basigima
nas/L		onitons:	ald.			אר ניוטג
oltinory, Espilei	M.cords, D.	isaibu	u Al i	21.2- 7-53		Nov
	×					
	×					
	×				C ii u	
Ò	×	00	aly 23	it. US	00, 7110	
00	X July 3u	06 7) 1	aly 23	it. US	OC ,iii ii	

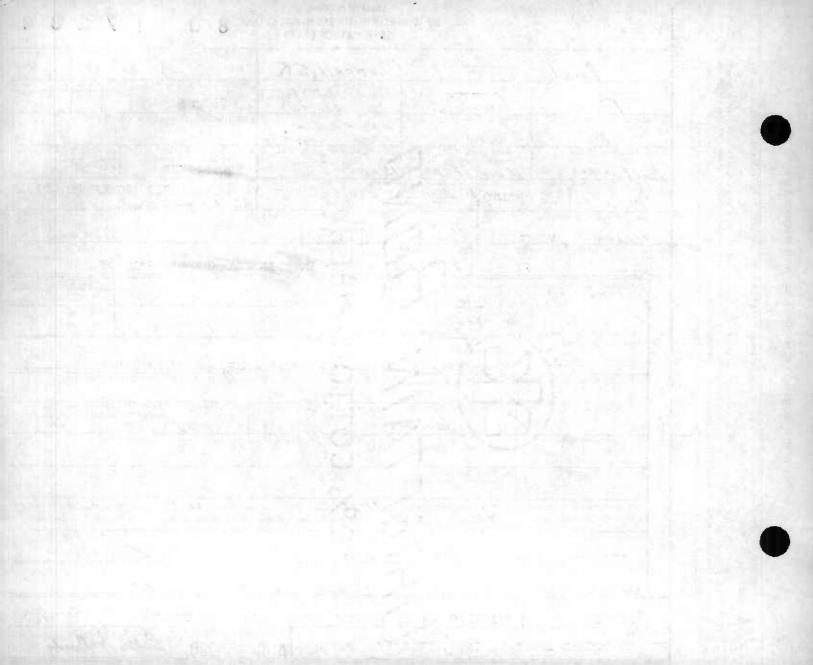
51	, FE	¥16ъ, G548	10/28	/80 balo	EPARTMENT	TATE OF A	AARYLAND AND MENTAL	HYGIENE				
~	- 21	ATE GISTRAR					CERTIFICATE	OF DEA	PH U REC	G. NO.	126	2
П	1. DECE	ASED NAME	FIRST		WIGDLE		LAST	2	DATE KNOW	N N MONTI	H CAY YEAR	Zb. HOUR
ı	(IIII)		William	n	N.	(halk		OF ESTI-		11 1980	,
I	3. SEX	4. RACE	M	ATE OF BIRTH	6. AGE (DER I YR. IF UND		C. DATE	MONTH	DAY YEA	2d HOUR
		le Whi		11		YRS.	NS DATS HOURS		DEAD	7	11 1980	7:24
7	e. BIRT	HPLACE (STATE OR GN COUNTRY)	76.	CITIZEN OF WH	AT COUNTRY?	8. MARR	ED A NEVER MA	RRIED -	BALTIMORE C	_		
1	0. CITY	MP, OR TOWN OF DEAT	U 11		PITAL, NURSING H	WIDOW		RCED 🗆		more C:		MD
	Ва	ltimore	G	GENOTIN SUCH FAC	aritan Ho	ess) ospital		FOR MC	OST OF WORKING LIFE	E)	OR INDU	STRY PAROLA
1	USUAL I	RESIDENCE (IF IN NURSI	ING HOME OR OTH	HER INSTITUTION, GIV	134. CITY OR TOW		134. INSIDE CITY LIMITS?	13e STREE	TADDRESS HAR W	000	AVE,	8
	14 FATI	HER'S NAME	MIC	DDL67	LAST		15 MOTHER'S MAI	IDEN NAME	7 MIDDLE		LAST	
I	léa. WA (YES,	S DECEASED EVER IN	NU.S. ARMED IF YES, GIVE WAR O	FORCES? OR DATES)	2/6-24-	PH418	17. INFORMANT		ADD	RESS		
	31	CAUSE OF DEATH PART I DEATH WAS	S CAUSED BY:	Λ	or (a), (b), and (c). spiration		bod		78.7		APPROXIM. BETWEEN ON	ATE INTERVAL
l		911-	MMEDIATE CA	MUSE (U)	AS A CONSEQUEN							
	7	Canditians, if an		(b)							0000	
		cause (a) stating the lying cause last.			AS A CONSEQUEN	CE OF	ALTER.	T.A.				
		ART 2 OTHER SIGNIFICANT C	ONDITIONS CONTR	RIBUTING TO OFATH BI	JT NOT RELATED TO THE	TERMINAL DISEASI	E OR CONDITION GIVEN IN	PART 1 (a).				
ł	CERTIFICATION	o. DATE OF OPERATI	ION	TIBL CONDITI	ON FOR WHICH C	DEBATION	AS DEDICORMINA				lara vera	
	FIG	. DATE OF OPERATI	1014	178. CONDITI	ON FOR WHICH C	PERATION W	AS PERPORMED?				20. AUTOPS	
-	2	e EXTERNAL CAUSE		21b. TIME OF	INJURY	21c. HC	OW INJURY OCCUR	RED (ENTER NA	TURE OF INJURY IN IT	EM 18 PART 1 OR	YES X	NO 🗆
		NDERLYING OR	NUSE OF DEAT		7 11 19	EAR			3000		- 4	
	0 71	A INTURY OCCURRE	D	21e. PLACE O	FINJURY (ATHOM	E. 211 LO	bject cho					
	W A	HILE NOT W	HILE X	HO!	DRY, FARM, ETC.)		6 Harwood		Baltimo		Mar	vland
		27s. I cartify that I se		the remains affect	ribed abave, held (sy X, Inspect		Inquiry .	and in my	apinian	
		Seath resolted from	20	uses 🗆 🖊	Apettlynt X	Suicide	, Hamicide		mined manner	□.	4.2	
1		10	1/	. (/)	84		TITLE (SPECIFY)					
		GNATURE	Sier	regy	many	M	Deputy C	hie LEDIC	CALEXAMINER	SIGI	ENED 7-12-	80
		(AMINER'S NAME YPE OR PRINT)	Thoma	s D. Sm	ith, M.D.		ADDRESS11	l Penn	Street			ATE
İ		AL, CREMATION, REA	MOVAL 23b. D	ATE			R CREMATORY	23d. LOC	ATION	CC	YTAUC	STATE
		RIAL	7	115/80	547	TER!		, BA	LTO.	co.		
1	14. EUN	ERAL DIRECTOR	chera	DDRESS .	300-	10 7	250. DAT	E REC'D. BY R	EGISTRAR 256.	REGISTRAR'S	SIGNATURE	
K	R	use , c		_	26/10	unce	Teco.	-05 7 (0000	1	1	7

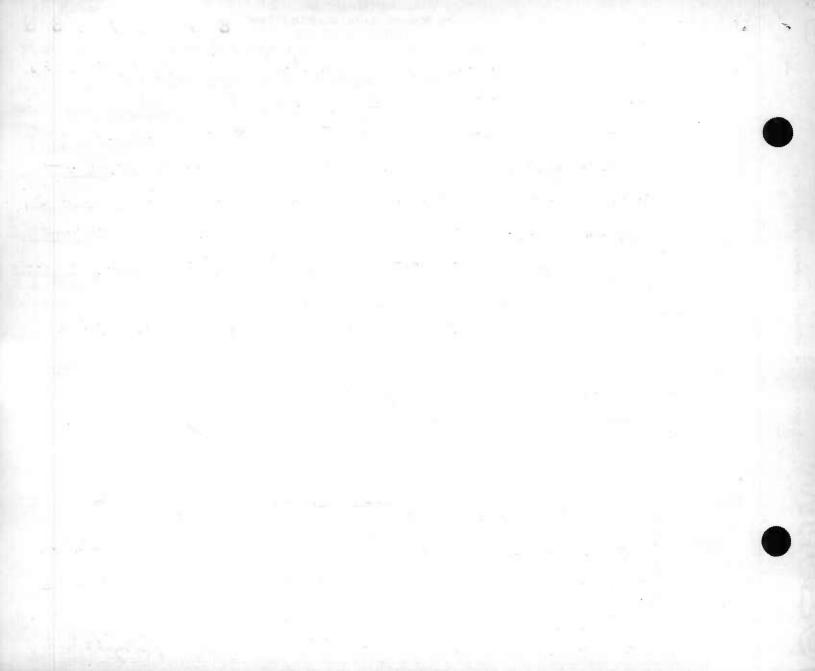


USUAL RESIDENCE (IF NURSING HORE DE OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE Maryland Baltimore Cedonia		1					OF MARYLANI					-
PALMIRA C CHANEY JULY 19, 1980 5:00R 3. SEX		1	- STATE		DEPARTM	CERTIFIC	CATE OF DEA	NTAL HYG ATH	RI		.7 2	8 3
3. SEX Female White State of Brith Mode State of State State of Order of Maria State State State State of Order of Maria State	3		CO BOILTY								OAY YEAR	26 HOUR
Female White 12 25 44 35 VRS White 12 25 44 35 VRS WEAR JE BIRTHPLACE (BIATEORTOREON JOURNAL PROPERTY OF COUNTY OF DEATH WIDOWED WIDOWED DIVORCED BALTIMORE CITY MARRIED BY NEVER MARRIED BALTIMORE CITY MAD 112 USUAL OCCUPATION (IVE ON WOOK ARE ADDIO OF BUSINESS OR SECRETARY NOW Englend In 12 USUAL OCCUPATION WIDOWED BALTIMORE CITY MAD 12 USUAL OCCUPATION WIDOWED BALTIMORE CITY MAD 12 USUAL OCCUPATION WIDOWED BALTIMORE CITY MAD 12 USUAL OCCUPATION WITH CHARGE MAD OF BUSINESS OR SECRETARY NOW Englend In 12 USUAL OCCUPATION WITH CHARGE MAD OF BUSINESS OR SOCIAL SECURITY NO. 12 USUAL OCCUPATION NOW Englend In 13 USUAL OCCUPATION WITH CHARGE MAD OF BUSINESS OR SOCIAL SECURITY NO. 13 USUAL OCCUPATION 13 USUAL OCCUPATION NOW Englend In	A)	1	PALI	11RA	C	CHAN	EY		JULY	19, 1	980	5:00R
Female White 12 25 44 35 VRS BRITHPLACE (SIATE OR OPERATOR OF WHAT COUNTRY?) B BRITHPLACE (SIATE OR OPERATOR OF WHAT COUNTRY?) B BRITHPLACE (SIATE OR OPERATOR OF WHAT COUNTRY?) B MARRIED NOVER OR DOWNCRED WIDOWERD DIVORCED DIVORCED THE DIVORCED OR OPERATOR OF WHAT COUNTRY? B BALTIMORE CITY MD WIDOWERD THE DIVORCED OR OF THE INSTITUTION B BALTIMORE CITY MD SECRETARY B SALTIMORE CITY MD SECRETARY THE DIVORCED OR OF THE INSTITUTION TO UND COUNTRIES OR OF THE INSTITUTION THE DIVORCED OR OF THE INSTITUTION THE DIVORCED OR OF THE INSTITUTION THE DIVORCED OR OF THE INSTITUTION THE DIVORCED OR OF THE INSTITUTION THE DIVORCED OF THE INSTITUTION THE DIVORCED OR OF THE INSTITUTION THE DIVORCED OR OF THE INSTITUTION THE DIVORCED OR OF THE INSTITUTION THE DIVORCED OR OF THE INSTITUTION THE DIVORCED OR OF THE INSTITUTION THE DIVORCED OR OF THE INSTITUTION THE DIVORCED OR OF THE INSTITUTION THE DIVORCED OR OF THE INSTITUTION THE DIVORCED OR OF THE INSTITUTION THE DIVORCED OR OF THE INSTITUTION THE DIVORCED OR OF THE INSTITUTION THE DIVORCED OR OF THE INSTITUTION THE DIVORCED OR OF THE INSTITUTION THE DIVORCED OF THE INSTITUTION THE DIVORCED OF THE INSTITUTION THE DIVORCED OR OF THE INSTITUTION THE DIVORCED OR OF THE INSTITUTION THE DIVORCED OR OF THE INSTITUTION THE DIVORCED OR OF THE INSTITUTION THE DIVORCED OR OF THE INSTITUTION THE DIVORCED OR OF THE INSTITUTION THE DIVORCED OR OF THE INSTITUTION THE DIVORCED OR OF THE INSTITUTION THE DIVORCED OR OF THE INSTITUTION THE DIVORCED OR OF THE INSTITUTION THE DIVORCED OR OF THE INSTITUTION THE DIVORCE		3. SE	X	4 RACE				VEAR	6. AGE (IN YEARS L	AST BIRTHDAY)		
MARRIED M NOVER DEATH Maryland USA WIDOWED DIVORED BALTIMORE CITY MD.		F	emale	Whi	te				35	YR		HOURS MIN
Maryland USA WIDOWED DIVORCED BALTIMORE CITY MD	ee.	70 B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MAPPIED	NEVER MAI	PRIED				
Baltimore Conditions Figure Figu	555			USA					BALT	IMORE	CITY	MD.
SUBJECT STATE TOWN TOW	Potified								(TYPE OF WORK FOR	MOST OF WORKIN	G LIFE) INDUSTRY	Υ
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	Sylver be	USU 13a.	AL RESIDENCE (IF NURSING HOME STATE 136, CO	JNIY	13t. CITY OR TOWN	1			13e. STREET ADD	RESS		
FIRST MODIE Emilio Merani Marie A Tomburo Morani Marie A Tomburo Morani Marie A Tomburo ADDRESS 166 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) NO 18. CAUSE OF DEATH Enter only one couse per line for 10, (b), and IC. PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse ioi, stating the underlying couse lost. (b) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any which gove rise to immediate couse lost. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 190. DATE OF OPERATION 190. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GAUSES OF DEATH? YES NO 216. TIME OF INJURY YES NO 216. TIME OF INJURY YES NO 216. TIME OF INJURY YES NO 216. TIME OF INJURY YES NO 216. TIME OF INJURY YES NO 216. TIME OF INJURY YES NO 216. TIME OF INJURY YES NO 216. TIME OF INJURY YES NO 216. TIME OF INJURY YES NO 216. TIME OF INJURY YES NO 216. TIME OF INJURY YES NO 216. TIME OF INJURY YES NO 216. TIME OF INJURY YES NO 216. TIME OF INJURY YES NO 216. TIME OF INJURY YES NO 216. TIME OF INJURY YES NO 216. TIME OF INJURY YES NO 216. TIME OF INJURY YES NO 217. TIME OF INJURY YES NO 218. CAUSE OF DEATH YES, WERE FINDINGS USED YES NO 219. TIME OF INJURY IN TEM 18, PART 1 OR PART 2) 210. TIME OF INJURY IN TEM 18, PART 1 OR PART 2) 210. TIME OF INJURY IN TEM 18, PART 1 OR PART 2) 210. TIME OF INJURY IN TEM 18, PART 1 OR PART 2) 217. TIME OF INJURY IN TEM 18, PART 1 OR PART 2) 218. TIME OF INJURY IN TEM 18, PART 1 OR PART 2) 219. TIME OF INJURY IN TEM 18, PART 1 OR PART 2) 210. TIME OF INJURY IN TEM 18, PART 1 OR PART 2) 210. TIME OF INJURY IN TEM 18, PART 1 OR PART 2)	e -	_		timore	Cedonia					Witby	Road	
166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS NO 215-42-1877 Albert J. Chaney 5603 Witby Road 18. CAUSE OF DEATH Enter only one cause per line force (b), and ic. PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause lost. (c) PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 190 DATE OF OPERATION 191 CONDITION FOR WHICH OPERATION WAS PERFORMED 210 AUTOPSY? YES NO WITCH WAS UNDERLYING OR AS A CONSEQUENCE OF CONDITION FOR WHICH OPERATION WAS PERFORMED 211 INDICATE OF OPERATION 192 DATE OF OPERATION 194 CONDITION FOR WHICH OPERATION WAS PERFORMED 212 INDICATE OF INJURY YES NO WITCH WAS UNDERLYING OR AS A CONSEQUENCE OF CONDITION FOR WHICH OPERATION WAS PERFORMED 213 ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH OUR A.M. MONTH DAY YEAR PART 1 OF CONTRIBUTING CAUSE OF DEATH OR AND THE AREA OF INJURY PART 2 OTHER NOTIFY MEDICAL EXAMINER) P.M. 19 214 INJURY OCCURRED 215 INJURY OCCURRED 216 INJURY OCCURRED 217 INJURY OCCURRED 218 PLACE OF INJURY 219 INJURY OCCURRED 210 AUTOPSY? 211 INJURY OCCURRED 212 INJURY OCCURRED 213 INJURY OCCURRED 214 INJURY OCCURRED 215 INJURY OCCURRED 216 INJURY OCCURRED 217 INJURY OCCURRED 218 PLACE OF INJURY 219 INJURY OCCURRED 210 AUTOPSY? 210 INJURY OCCURRED 210 AUTOPSY? 210 INJURY OCCURRED 210 AUTOPSY? 210 INJURY OCCURRED 211 INJURY OCCURRED 212 INJURY OCCURRED 213 INJURY OCCURRED 214 INJURY OCCURRED 215 INJURY OCCURRED 216 INJURY OCCURRED 217 INJURY OCCURRED 218 INJURY OCCURRED 219 INJURY OCCURRED 210 INJURY OCCURRED 210 INJURY OCCURRED 211 INJURY OCCURRED 212 INJURY OCCURRED 213 INJURY OCCURRED 214 INJURY OCCURRED	27		FIRST	MIDDLE			FIRS	T	MIC		The state of the s	AST
NO 215-42-1877 Albert J. Chaney 5603 Witby Road R. CAUSE OF DEATH Enter only one cause per line for 19 (b), and 10	_	160		PMED FORCES?				те			14	D'IDUITE
18. CAUSE OF DEATH (Enter only one cause per line for 10. (b), and 10. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 199 DATE OF OPERATION 199 CONDITION FOR WHICH OPERATION WAS PERFORMED 216. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH? (IF ETHER NOTIFY MEDICAL EXAMINER) P.M. 199 216. INJURY OCCURRED 216. INJURY OCCURRED 216. INJURY OCCURRED 216. INJURY OCCURRED 216. INJURY OCCURRED 216. INJURY OCCURRED 216. INJURY OCCURRED 217 LOCATION COUNTY CHAPTER VALITHEM SETTING VALITHEM SET INTERVAL BETWEEN ONSET AND DEATH BETWEEN ONSET AND	Sedio S		YES, NO OR UNKNOWN) (IF YES, G					. T			Tri +bar	Dood
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS-ACONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFI	e e						Albert	, , ,	Chaney	5005		
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAK (IF ETHER, NOTIFY MEDICAL EXAMINER) P.M. 19 216 INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION	jury, or ather trou	7	gove rise to immediate couse (a), stating the underlying cause last.	(c)			OT RELATED TO	THE TERM	INAL DISEASE OR	CONDITION	GIVEN IN PART 1	Ital
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAK (IF ETHER, NOTIFY MEDICAL EXAMINER) P.M. 19 216 INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION	ony inju	CATIO	19a DATE OF OPERATION	196 CONDI	ITION FOR WHICH C	OPERATION	WAS PERFORM	ED	200 AUTOPSY			
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAK (IF ETHER, NOTIFY MEDICAL EXAMINER) P.M. 19 216 INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION	No L	Ë									YES 🗌	NO 🗌
	9		OR CONTRIBUTING CAUSE OF	EATH HOUR A.	M. MONTH DA		21c. HOW INJUI	RY OCCURE	RED (ENTER NATURE C	OF INJURY IN ITEM	18, PART 1 OR PART 2)	
	,	MEDI	WHILE NOT WHILE				21f LOCATION STREET		СІТҮ	OR TOWN	COUNTY	STATE
	21 8		sow the deceased alive a	on	ofter death	, ond	that in (my) (ou	r) opinian (deoth accurred on	the date and	haur and from th	ie causes stated
sow the deceosed alive on	E	ı	226. SIGNATURE	. / Control of the state of the	diter dedili.	DI					22c. DAT	ESIGNED
obave, (1) (we) (did) (did not) view the body after death. 276. SIGNATURE DEGREE 22c. DATE SIGNED			Mari	Y					MEDICAL DIRECTOR P	STAFF HYSICIAN Z	17/	19180
276. SIGNATURE DEGREE ATTENDING MEDICAL STAFF / 276. DATESIGNED	4	1	22d. PHYSICIAN'S NAME (TYPE	ORDRINT)	1111		22e. ADDRESS		11-04			
276. SIGNATURE DEGREE ATTENDING MEDICAL STAFF 7/19/80			MATRIC	MCGHU	SUE		-1011	ms 1	ADDVI	ns		
276. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHY				AL 23b. DATE	23c. N.	AME OF CE	METERY OR CRE	MATORY	23d. LOCATION	7	COUNTY	STATE
276. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHY			Burial	7/23	3/80 Mo	st Ho	ly Red	leeme			COUNT	Md.
276. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHY	6	24, F	UNERAL DIRECTOR			20. 20		25a. DATI	E REC'D. BY REGIS		STRAR'S SIGNA	
2726. SIGNATURE 2726. SIGNATURE DEGREE ATTENDING MEDICAL STAFF 7/19/80 2726. ADDRESS HOPKING DIRECTOR PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR	IT	assahn Funer	al Home	7401	Relai	r Road	11.86	2 3 1200	-		900	

CALL TO BE SEEN THE THE PARTY OF THE PARTY O AND THE RESERVE OF THE PARTY OF

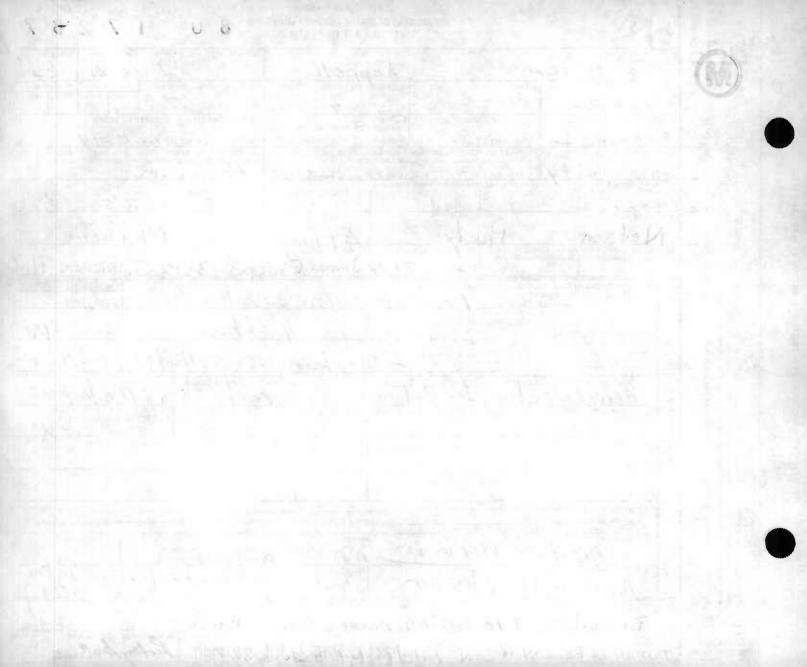
				STATI	OF MARYLAND		100	
1	1.	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	17	284
		CEASED NAME FIRST	WIDDIE	01	AST		MONTH DAY	YEAR 26 HOUR
		Paul	GEORGE		nne/1,50			80 11 2ª AM
	3. SE.	MALE	Coucasa.	5. DATE C		6. AGE (IN YEARS LAST BIRT	YRS.	DAYS HOURS MIN
Sed of Since.		RTHPLACE (STATE OR FOREIGN 7	LUSA	MARRIE WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OI	≧ COUNTY OF DE	ATH MD.
Satisfied	10 C	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)	R OTHER INSTITUTION	120. USUAL OCCUPATION TYPE OF WORK FOR MOST OF IRONWORKE	WORKING LIFE) IND	KIND OF BUSINESS OR DUSTRY NION
nust be	13a			BEFORE ADMISSION	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS :	3233 LYNC	CH RD. 21219
Saminer	14. FA	THER'S NAME FIRST	NODLE IN LAS	51	15. MOTHER'S MAIDEN NAM	WE WIDDLE		LAST Kman
_		MARRY VINC	NED FORCES? 100 SOCIAL	SECURITY NO.	17. INFORMANT	ADDRES		CKMAN
medico	(II 2/7-	20-0966	MARY R. CHAN	NELL-(WIFÉ)	SAME AS	5 13e
or to burial, cremation, or y injury, or other troumati	TION	Conditions, if any, which give rise to immediate cause lail, stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO	(c) Souls	SEQUENCE OF CLIFFEE G TO BEATH BUT		skoz tic le		PART I(a)
Hygiene prior	CERTIFICATION	190. DATE OF OPERATION	Leuper.	rui-		200. AUTOPSY?	YES	E FINDINGS USED CAUSES OF DEATH?
tem 18 sh		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTI	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR	PART 2)
rked or h	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	vn col	DUNTY STATE
VI: If Hem 21 is mos		220.T certify that (1) (this hospital saw the deceased alive an above, (1) (we) (did) (did not 22b. SIGNATURE	7/31	6-41	19	, to 7/3/death occurred on the da	ote and hour and fr	rom the causes stated 2c. DATE SIGNED 7/31/80
should be det with the State IMPORTANT:		22d PHYSICIAN'S NAME (SPEOR	SCAllien		22e ADDRESS UN'U Of	md. Hoor	ital	
3 3	230	BURIAL, CREMATION, REMOVAL (SPECIFY) CREMATION	23b. DATE 8/1/1980		EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN BALTIMO	RE	MARYLAND
2/80		UNERAL DIRECTOR LITER BROOKS BRAI			25a. DAT	E REC'D. BY REGISTRAR 5 1980	256 B GISTRAR'S	GNATURE



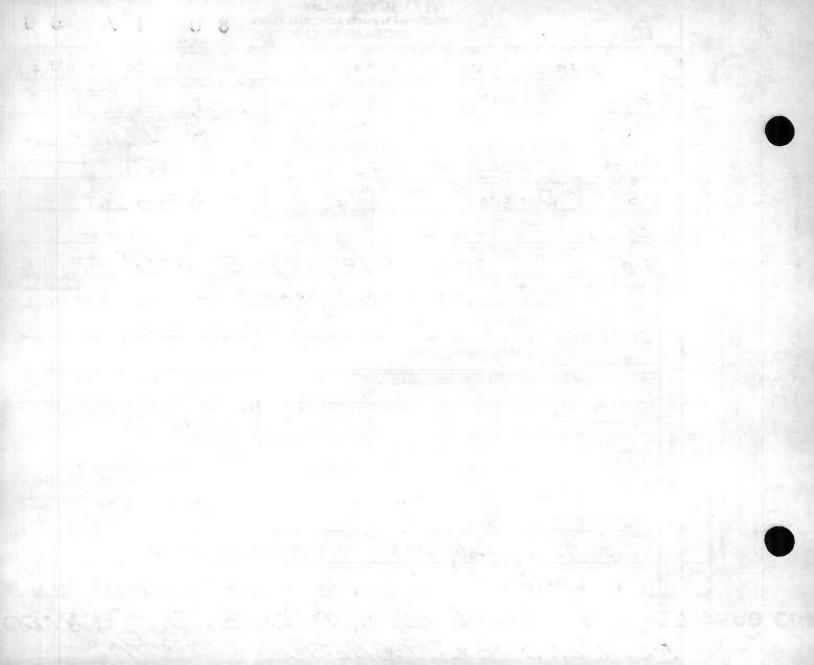


The Part of the Command and th

La contrata presentation and the second seco



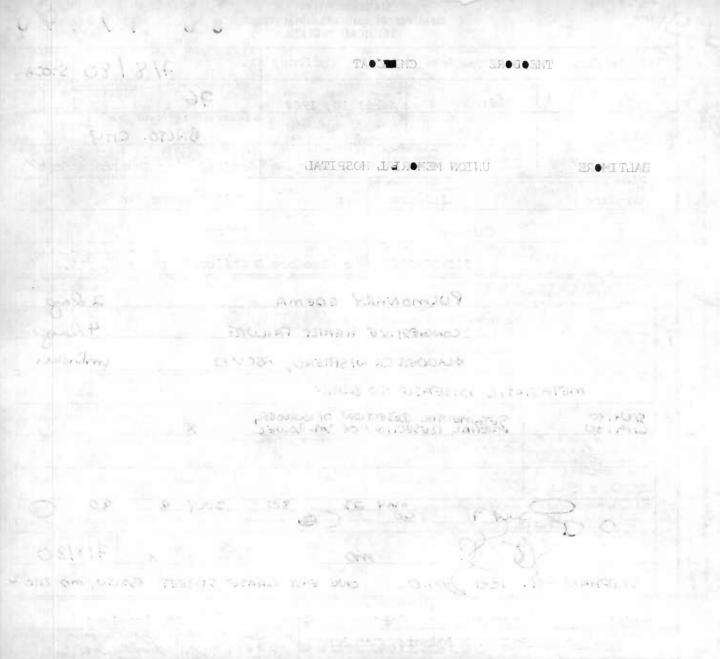
(VRA 15. 4) 1/79



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MIDDLE I. DECEASED NAME O. DATE KNOWN A MONTH 7b. HOUR (TYPE OR PRINT) John Chatmon 18 DEATH MATED 80 19 4 RACE SEX 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS YEAR DATE LAST BIRTHDAY PRONOUNCED FEB. 27, 1903 77 DEAD 18 19 80 Male. Black. 7a. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED VIRGINTA U. S. A. WIDOWED DIVORCED Baltimore City IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) RETTRED NIA Baltimore Sinai Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30 STATE MARYLAND 136. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 5900 PARK HEIGHTS AVE . #405 BALTTMORE YES K NO [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST CHATMON WTT.T.TAM MAGGIE 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-03-6066 MRS. ARIE CHATMON 5900 PK. HGHTS AVE. #405 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO X 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 CONTRIBUTING CAUSE OF DEATH PM PRIOR 21e PLACE OF INJURY (AT HOME. If LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN STATE COUNTY WHILE AT WORK Inspection X 22a. I certify that I took charge of the remains described above, held an Autopsy deoth resulted fram: Natural causes X Accident Hamicide L Undetermined manner DIRECT TITLE (SPECIFY) ACTUAL EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, 1 BALTIMORE, MA 7/18/80 Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Virginia L. Dolan, M.D. 111 Penn Street (TYPE OR PRINT) 23a, BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE 7/22/80 BURIAL KING MEMORIAL PARK BALT., MD 25g, DATE REC'D. BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 17 (VR A15 ME (5)) LEROY O. DYETT & SON F. H. 4600 LIB. HGHTS. AVE 15M 7/77

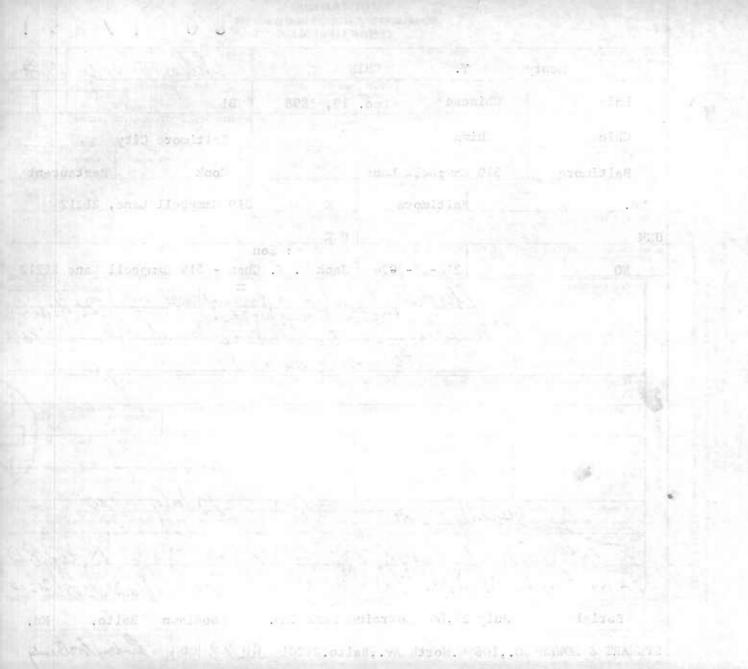
147 149						
		in Jonly			,	
					- t-=.	
٠.						
				100		
			ing kan elek			
	the country of				NO THE REAL	
						ATT
JEW SAMOL.						
1 - 6 1						
		2				
(- e)		9				

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME 28 DATE OF DEATH 26. HOUR MONTH (TYPE OR PRINTTheodore THE COURT Reede OWNER Chilcoat. Sr. S:COP 3 SEX 4 RACE IF LINDER 1 YEAR IF UNDER 24 HRS 5. DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAY MONTH VEAR Male White April 10, 1904 To BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY BALTO. CITY Maruland U.S.A. WIDOWEDA DIVORCED [ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS UNION MEMORIAL HOSPITAL (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Retired Pier Superentendent BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13h COUNTY 113c CITY OR TOWN 134 INSIDE CITY LIMITS? 13. STREET ADDRESS 2712 Bayonne Ave Baltimore Maryland YES A NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE FIRST LAST Unknown Chilcoat ADDRESS Me WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 1 Wheaton Center LYES, NO OR UNKNOWN I (IF YES, GIVE WAR OR DATES) Mr Theodore R Chilcoat 215-05-3262 Wheaton, Ill. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY KULMONARY EDEMA IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF CONGESTIVE HEART FAILURE Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause BLADDER CA WISHUEAD, ASCVD PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 METASTATIC DISEASE TO BRAIN CERTIFICATION SIZY 180 19% CONDITION FOR WHICH OPERATION WAS PERFORMED OF GLACOER 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? RESECTION OF SM. BOWEL YES [NO [214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 71a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC I CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220 | certify that (1) this hospita) ottended the deceased from MAY 23 sow the deceased alm an AUU to obove (1) (we) Gid Add nay fight the body, after death. opinion death occurred on the date and haur and from the causes stated and that in (my) 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL FUNERAL uld be detach th the State [PHYSICIAN DIRECTOR PHYSICIAN IMPORTAN 224 PHYSICIAN'S NAME ITYPE 22e ADDRESS ONE EAST CHASE STREET BAUTO, MD 21202 STEPHAN shoul with 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Baltimore, Maryland (SPECIFY) Gardens Of Faith Burial 24 FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Leonard JRuck Inc. Baltimore, Maryland DHMH-16 25M (VRA 15, 4) 1/79



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 2b. HOUR TYPE OR PRINTI Henry Y. CHIN 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST PRINDAY) IF UNDER I YEAR MONTH Dec. 19, 1898 DAYS HOURS Male Chinese 81 To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED China China WIDOWED DIVORCED [Baltimore City IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore 519 Campbell Lane Cook Restaurant BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION ID: CITY OR TOWN 13h COUNTY 13e STREET ADDRESS 134 INSIDE CITY LIMITS? 519 Campbell Lane, 21212 Md Baltimore & FATHER'S NAME IS MOTHER'S MAIDEN NAME LAST 1447 UNK UNK Title WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT : Son 166 SOCIAL SECURITY NO. LYES, NO DE UNENOWN) LOF YES, GIVE WAS ON DATES! NO 218-32-3094 Chan - 519 Campbell Lane IR CAUSE OF DEATH (Enter only one cause per light in), (b), and PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., IMMEDIATE CAUSE on Conditions, if any, which gove rise to immediate couse (a), stating underlying COUNT PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T NO [71a. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH YEAR OR CONTRIBUTING CAUSE OF DEATH DAY MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 711. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK 27a.1 certify that (1) (this hospital), attended the deceased from sow the deceased alive on Jack the body ofter death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22h SIGNATURE 22c. DATE SIGNE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT PHYSICIAN'S NAME (TYPE OF PRINT 22e ADDRESS ld b Shoul with 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 73h DATE 23d LOCATION (SPECIFY) Burial July 21,80 Lorraine Park Cem. Woodlawn Balto. Md. 24. FUNERAL DIRECTOR DHMH-16 60M 1/73 D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE STEWART & MOWEN CO., 108 W. North Av., Balto. 21201 (VR A 15 (4))

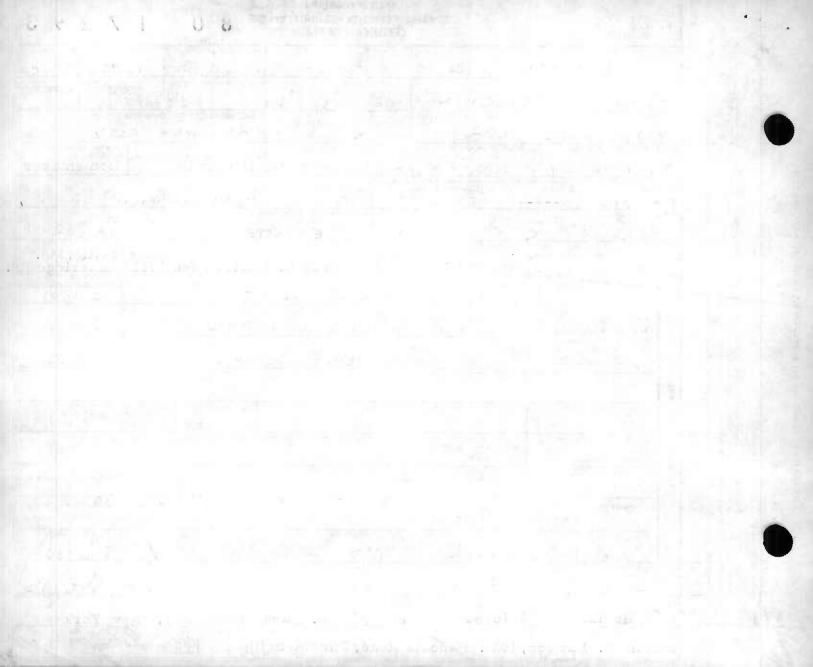
FOR



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR FIRST I. DECEASED NAME LAST CHINSKEY 20. DATE KNOWN YEAR (TYPE OR PRINT) OF ESTI-MARY 19 80 ANNA 4. RACE SEX 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED female white 1.80 July 1, 1900 80 DEAD 10 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED Baltimore City Maruland U.S.A. WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS W. Jeffrey St. Baltimore Clothes Manufacture Worker USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13a STATE 13b COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 100 W. Jeffeey St. Maryland Baltimore YES. NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME OF VITA MIDDLE MIDDLE Zelner Chinskey Frances George 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Nephew: **ADDRESS** DIVISION (YES, NO, OR UNKNOWN) Mr. Joseph Chinskey 4015 Frankfort Ave. 216-10-7952 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? P YES [] NOX AGE 3 SHOULD BE ATE DEPARTMENT C 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 19 PRIOR 21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME If LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR 10WN COUNTY STATE WHILE AT WORK X EXECUTE THE CERTIFICATE
PAGE 4 SHOULD BE FOR
TO FUNERAL DIRECTOR:
AFTER DEATH, WITH THE S
BALLIMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held an Autopsy and in my opinion deoth resulted from: Undetermined monner TITLE (SPECIFY) ACTUAL Assistant 7-11-80 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Maruland July 14,1980 Baltimore Most Holu Redeemer 24. FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR DHMH - 17 Leonard J. Ruck, Inc. (VR A15 ME (5)) Balto., Md.

15M7/77

	STATE OF THE PARTY			
63 7				
		M. Tet.		Pulman
	Applicable Calculation			
	unian provincia di Salara di S	C		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	i i			
	100			
			diest of the	
- CASA	0881 A C.I.I.			
	The second secon	404		



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

CHARLES A.

(VRA 15, 4) 1/79

RICE

- STATE

A K T THE CHISTANA THE THE API TANGELLE MOTELLE MOTELLE

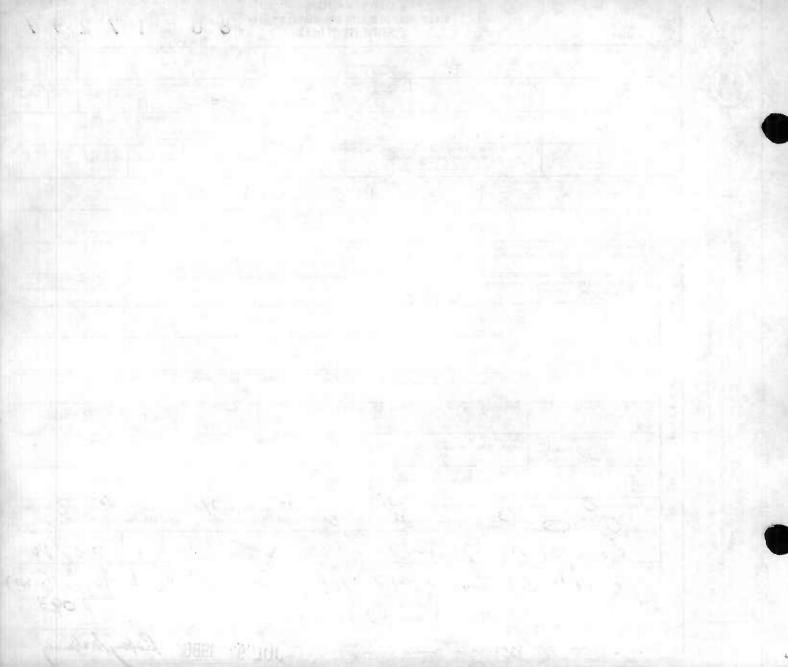
6	1-	ems 18 FOR STATE	& 22a G		DEPART	MENT OF	HEALTH	AND ME	NTAL HYGI ATE OF D	C 11		7	2 9	5
	I. DE	REGISTRAR CEASED NAME	FIRST	IVIL	MIDDLE	EXAMIN	IEK 3 (LAST	ATE OF D		REG. NO.	MONTH	DAY YEAR	21 110 112
ASE OR. JRS :ET.	(TY	PE OR PRINT)	Franci	s			(Clapp		OF	MATED XX		14 1980	7b. HOUR
AO # 2 #	3. SE	Х	4 RACE	5. DATE OF BIRTH		6. AGE (IN YE	ARS IF UN		IF UNDER 24 HI	RS. 2c. DATE		AONTH	DAY YEAR	2d. HOUR
(44)		Male	Black	11 28	43	36 Y	RS. MONT	DAYS	HOURS MIN	PRONOU! DE AL	NCED	7	14 1980	7:56 a.m
		IRTHPLACE (ST.	ATE OR	76. CITIZEN OF W	HAT COUN		8	ED NEV	ER MARRIED	9. BALTIA	ORE CITY OR	COUNTY	OF DEATH	
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		Balto		U.S			WIDOW	ED 🗆	DIVORCED X	D Ba	ltimore			MD.
ELAY IS N TO THE F PAGE 3 SS. 301 W	10. C	ITY OR TOWN O	363000000000000000000000000000000000000	11. NAME OF HOS	CILITY, GIVE S	STREET ADDRESS)				OR MOST OF WO	PATION (TYPE OF	WORK 12	OR INDUST	USINESS
DELA PERSON	USU	Baltim	IE IN NI IPSING HOME OF	Baltim				als (D	OA)			- 15	hipya	rd
. F ANY DEL. 2. AND 3 IC 3. RETAIN P SHOULD BE.	13a. S	Md.	B.	alto	13c. CITY	CORTOWN		13d. INSIDE CIT	NO (TREET ADDRES	olians	ki S	St.	
ATH PM PM PM PM		Stanle:		MIDDLE W.	ashi	ngton			R'S MAIDEN NA Oris	ME "	M. C	lapp	LAST	
IMORE, FTER DE F PAGES FORM ON OF	16a. \	WAS DECEASED LES, NO OR UNKNOW Yes	EVER IN U.S. ARM	VAR OR DATES)		CIAL SECURIT		17. INFORM			ADDRESS			
BALTI. BALTI. URS AF 3. GIVE WITH PAGE DIVISIO			-			42 1	840.	Mrs.	Doris	Wash	ington	102	Poli	anski
: 28 - 1.		18 CAUSE OF PART I DEA	DEATH (Enter only ATH WAS CAUSED IMMEDIATI	E CAUSE (a)	atty	liver							APPROXIMAT BETWEEN ONS	TE INTERVAL ET AND DEATH
HIN HIN SET ALL SET ALL SET B		Canditian	s, if any, which	DUE TO, OR	AS A CON	NSEQUENCE	OF					183		
O1 W. PRES UTED WITH N. PENCIL BEXARINES IAL-TRAINES AENTAL P. OR REMOV	13		e ta immediate stating the <u>under-</u>	(b)	AS A CON	SEQUENCE (ne ne						-	
301 V CUTEC IN PE IN PE IN PE IN PE IN PE		lying caus		(c)		.000001102								
CORDS, BE EXELUDING AEDICA ATTON WATTON	NO	PART 2 OTHER SIG	NIFICANT CONDITIONS C		BUT NOT RELA	TEO TO THE TERM	INAL DISEASE	OR CONDITION	GIVEN IN PART 1 (a)					
SHOULD ORD "PER CHIEF A E USED TO FHEAT CHE A LE USED TO FHEAT CHE A LE USED TO FHEAT CHEAT	CERTIFICATION	196 DATE OF S	OPERATION	186. CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFORM	ED?	1100			26. AUTOPSY	2
OF VITAL R THE SHOUNT FE WORD "P THE CHEF TO BE USE WENT OF H OBBURIAL, CI	E I	TIG EXTERNAL	CAUSEWAS	21b. TIME OF	THAT IS OTHER		Terrore	NAME OF STREET	- Carles and a				YES XX	NO []
DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD " ROED TO THE CHE F. 3 SHOULD BE USE F. E DEPARTMENT OF P PRIOR TO BURRIAL, C		UNDERLYING	OR	HOUR A.M	MONTH	DAY YEAR	S AME HIS	W INJURY C	OCCURRED IN	TER STATURE CIF SH	MET IN ITEM 18 PART	1 ON FAILT	100	
DIVISIO IS CERTIF ARTING 1 ARDED TO GE 3 SHO GE 3 SHO TE DEPAR	MEDICAL	214 INDURY OF	CCURRED	71* PLACE C	OF INJURY		211.100	TATION:	-		14.0			
CAL EXAMINER: THIS CERTIFICATE SHO THE CERTIFICATE, WRITING THE WORD SHOULD BE FORWARDED TO THE CH RAL DIRECTOR: PAGE 3 SHOULD BE US ATH, WITH THE STATE DEPARTMENT OF RE, MARYLAND, 21201 PRIOR TO BURIAL,	W	WHILE AT WORK	NOT WHILE	STREET, FACT	DRY, FARM, E	1C)		A		CITY OR 10	AN	COUNT		STATE
ER: T FORV PF. P.			that I took charge	al the remains des	one job	ive, held pe	Autops	/XX	Inspection .	, Inquiry	Ond if	my opini	on	
AMINER AMINER O BE FO RECTOR: THE THE YLAND, 3		death resulter	d from Nigfurg	Couples 1.	Accident	50	stide 4	Homicie	de 🔲 - Uni	determined mo	mner .			
EXAMI CERTIFICATION OF BEATH AND BEATH BEATH AND BEATH AND BEATH AND BEATH AND BEATH AND BEATH AND BEATH BEATH AND BEATH B	6	ACTUAL	11	1000	.1	This	X	TITLE (SPI	ECIFY)			DATE	7-14-8	20
ICAL SHC SHC EATH EATH	1	SIGNATURE_	7	nonco	7	1111	7	b. Depth	ty Chie	EDICAL EXAM	LINER	SIGNED.	1-14-0	50
TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNETHE TATER DEATH BALTIMORE, MA		EXAMINER'S N	Th	omas D.	Smith	, M.D.	,	ADDRESS	111 Pe	enn Str	eet			
TO TO TO TO TO TO TO TO TO TO TO TO TO T	(5	SPECIFY)	ION,REMOVAL 23	b. DATE	23c. 1	NAME OF CEA			23d.	LOCATION		COUNTY		TATE
BP	Bu	iria1	100	7/19/8	0	Arbut	us		B	alto.	· COLE CANADA			8
92/3 DHMH · 17 (VR A15 ME (5)) 15M7/77		Jas, A	. Morto	n 1701	Lau	rens	St.	25	JUL 1		R 25b. R SISTE	AR'8-SIC	Creedy	

The state of the s	
	1
ACADA A REPRINTED AND AND AND AND AND AND AND AND AND AN	when the constant will

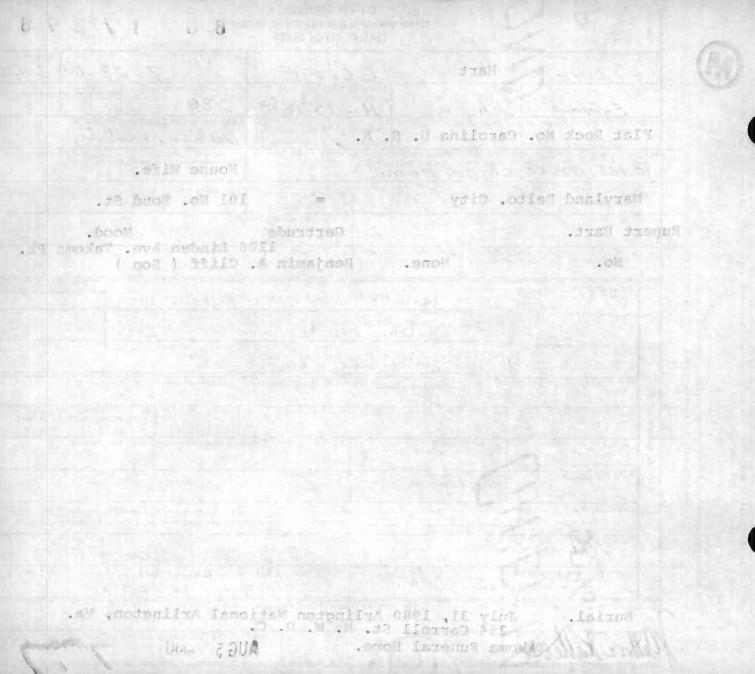
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙊 FOR - STATE CERTIFICATE OF DEATH REGISTRAR MIDDLE 20 DATE OF DEATH MONTH L DECEASED NAME 2h HOUR TYPE OR PRINT Catherine E. CLARK July 13, 1980 6:00AM 3 SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS Female White Feb 18, 1916 To BIRTHPLACE ISTATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED COUNTRY U.S.A. Baltimore City Maryland IL CITY OF TOWN OF DEATH 120 USUAL OCCUPATION 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 3311 Lyndale Avenue DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Baltimore Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore 3233 Elmora Avenue 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Swope George Barbara Kotchenreuter ADDRESS Baltmore Md. 21213 6n WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT IYES, NO OR UNKNOWNI I (IF YES, GIVE WAR OR DATES) 220-07-4830 Christopher L. Clark 3233 Elmora Avenue 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY DUE TO: OR ASM CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANTS BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11 CERTIFICATION 206. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21e. PLACE OF INJURY 21f LOCATION 21d. INJURY OCCURRED (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE [22a.1 certify that (1) (this haspital) attended the deceased from_ saw the deceased alive on. , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE 22c DATE SIGNED DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN July14, 1980 22e. ADDRESS ld b guel A. Castro, M.D. 805 Fuselage Avenue Baltimore Co., M.d. 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL CREMATION, REMOVAL July 17. 1980 Sacred Heart Of Jesus Baltimore Co., Md. Burbal ADDRESS Baltimore, Md. 250. DATE RECID BY REGISTRAR 24. FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VRA 15 (4)) Dippel Brothers. Inc. 7110 Belair Rd. 21206

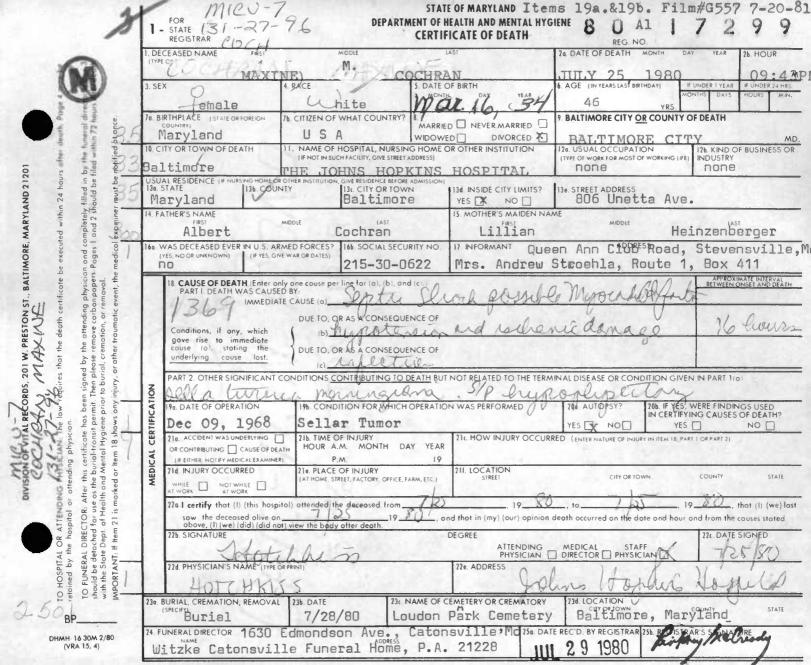
400:0	86, '5, Ath		HEAD	J. Gri	Latier
	NA.	3,00	T O	hite	0 £ 3 - C
itv,	ial timorn si			.4.2.0	bnolyzs
	lloucevilo		origani el	3315 Lyndal	ero disto
Strick	A 320 E 615E A		eroį	168	- basivasi
	19714 77 4 074	i asdas			C 082 9 709
lenore d. Er 213 denore evenue	CCCC rest . Lo	olinistos) er	-07-4820	we and now his and gue and lade and	2
				M. Carrie	
		Ve (4)			
Julysk, spe	X = X	Volume			
	X enove talk			· · · · · · · · · · · · · · · · · · ·	, Lau i

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE LAST 2a DATE OF DEATH MONTH DAY 2b. HOUR (TYPE OR PRINT! CLIFTON R. CLARK 8 80 1 SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HES YEAR HOURS Male 24 Negro 1894 85 78. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH Virginia MARRIED NEVER MARRIED U. S. A. Baltimore WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12e USUAL OCCUPATION 12h. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
RESIDENCE TYPE OF WORK FOR MOST OF WORKING LIFES Baltimore INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland Maryland 1136 COUNTY Baltimore 3804 Dolfield Avenue 134 INSIDE CITY LIMITS? NO [4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Rodney Clark Meade Elevenberry 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT TYES NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 219-16-8894 Edith Brown 3804 Dolfield Avenue APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 11 CAUSE OF DEATH (Enter only one couse per line for (a), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 101 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause to, stating the DUE TO, OR AS A CONSEQUENCE OF ŏ underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 286 IF YES. WERE FINDINGS USED à 28a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [YES T 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINERS ä 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN NOT WHILE COUNTY STATE AT WORK AT WORK 22a I certify that (1) (this haspital) attended the deceased fram saw thereferensed alive or and that in you (aur) apinian death accurred an the date and haur and from the causes stated above (1) (we) (did) (did no) view the body after death 22h. SIGNATURE DEGREE 22c DATE SIGNED FUNERAL Duild be detach ATTENDING I MEDICAL DIRECTOR | PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS ORT 230 BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23h DATE 23d. LOCATION Burial 7/12/1980 Long Green Church Cem Longgreen Maryland 24 FUNERAL DIRECTOR 25e. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH-16 25M Wm. C. March F/H 1101 East North Avenue (VRA 15, 4) 1/79 1980



	1	FOR STATE REGISTRAR	DEPARTN	ENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	IL HYGIENE 8 0	17298
A)	I. DE	CEASED NAME FIRST	Hart	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR 7-28-80 8:15
rector, urs aff	3. SE	FemalE (white	S. DATE OF BIRTH MONTH DAY 15-189		THDAY) IF UNDER 1 YEAR IF UNDER 24 HOURS M
of ance.	F	Tat Rock No. C	arolina U. S	MARRIED NEVER MARRIE	Bactim	one city
P Contified	1.	BALTIMORE	CHURCH HON	1E	TYPE OF WORK FOR MOST LE HOUSE WI	
35	13a.	AL RESIDENCE (IF NURSING HOME OR OTHIN Maryland Barto	ER INSTITUTION, GIVE RESIDENCE BEFORE City CITY OR TOWN	YES NO [TOT NO. B	ond St.
Ru		rt Härt. MIDDI	LE LAST	Gertrud	e MIDDLE	Mood. (AST
medical		VAS DECEASED EVER IN U.S. ARMED YES, NOT PIKNOWN) (IF YES, GIVE WAR			A. Cliff (Asve. Takoma Pk. Son)
, ar other traumatic event,		18 CAUSE OF DEATH (Enter only or PART I. DEATH WAS CAUSED BY IMMEDIATE C. Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	NCE OF Mellitus NCE OF STON	٠,	
Sws any injury	CERTIFICATION	190 DATE OF OPERATION	Tanal Care Section	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	OCCURRED (ENTERNATURE OF INJU	IRY IN ITEM 18, PART 1 OR PART 2)
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	211. LOCATION STREET	CITY OR TO	WN COUNTY STATE
n Z I is ma		22a.1 certify that (I) (this haspital) sow the deceased alive an above, ()(www) (did) (did nat) vie	19		pinion death occurred on the d	, 19, that (i) (we)
Stote Dept		22h SIGNATURE	,600		ING MEDICAL STA	220. DATE SIGNED
TA		22d. PHYSICIAN'S NAME (TYPE OR PRIN	ortan, no	22e. ADDRESS	711 Hampshire versprive, MD	
with the Sto		takim kh	ONTEN	215	ver spring / 110	20903





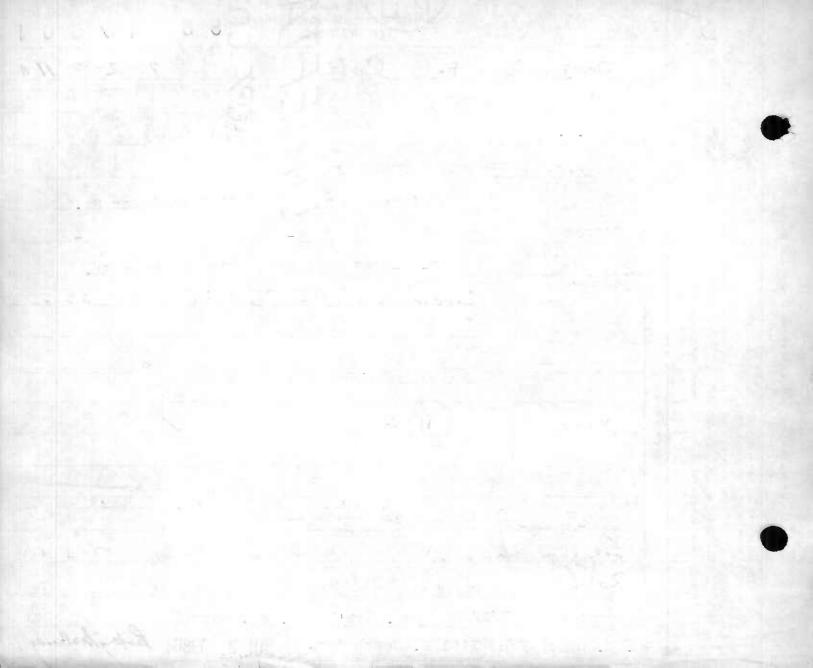
Bra Rob , Stund calle Sig events . sell It we waster Andreas Communication of the second of the s

· +x	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MEN CERTIFICATE OF DEA		3 · 0 1	7 3	OD
poge 3	1. DE	CEASED NAME FIRST H OR PRINT) Har	HARVEY BAER	Cohn	20. DA	TE OF DEATH MONTH	DAY YEAR	26. HOUR
ector, po	3. SE	× male	4. RACE HITE		933 6. AGE 934 - 47	(IN YEARS LAST BIRTHDAY) 46 YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
in 72 had	70. B	IRTHPLACE (STATE OR FOREIGN OUNTRY) MARYLAND	76 CITIZEN OF WHAT COUNTRY?	MARRIED XX NEVER MAR	RIED	IMORECITY OR COUNT		MD.
filed within notified o		BALTIMORE	11. NAME OF HOSPITAL, NURSIN	SPTTAL	TION 120. US	UAL OCCUPATION NOTACTURER ING	126. KIND C	F BUSINESS OR
be f	USU 130.	AL RESIDENCE (IF NURSING HOME OR STATE	OTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 131. CITY OR TOW Balt	- 1 MAR (2)	LIMITS? 136 STR	LEET ADDRESS 2-301 Face	ringto	m Rd 21209
exominer must	14 F	ATHER'S NAME FIRST SADORE	CHARLES COHN	15 MOTHER'S MA		WIDDLE	СОН	The same of
Y medicol	160 \	VAS DECEASED EVER IN U.S. AR/	MED FORCES? 16b. SOCIAL SECU WAR OR DATES)		MRS. BARRINGDON	RBARADCOHN RD. #2120	9	
to buriol, cremation, or ren njury, or ather troumatic ev	NO	Conditions, if ony, which gove rise to immediate couse to1, stating the underlying couse last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	My a Caro	dial in	rgarction rgarction	/ IVEN IN PART)(c	51
2 your Sound	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORME	ED 200 /	IN CERT	ES, WERE FINDIN	NGS USED OF DEATH?
ltern 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR 19	YOCCURRED (ENT	ER NATURE OF INJURY IN ITEM 1B	, PART 1 OR PART 2)	
rked ar	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	PARM, ETC.)		CITY OR TOWN	COUNTY	STATE
em 21 is me		22a I certify that M (this hospit saw the deceased alive on above, M (we) (did) (did not 22b SIGNATURE	tol) ottended the deceosed from	ond that in (my) (our	r) opinion death oc	curred on the date and ha	our and from the	
- TV		22d. PHYSICIAN'S NAME (TYPE OF	esawy	ALL ATTER	NDING MEDIO	CAL STAFF TOR PHYSICIAN	7-	SIGNED 7-80
IMPORTANT		S - B	eb Awy	S: N	IAi H	sp. of.	Balti	more
, 2	23 a	BURIAL CREMATION, REMOVAL SPECIFY) BURIAL		NSHE CEMUNAN CREA		BALTIMORE	COUNT	YLAND
50M 7/77 5 (4))		UNERAL DIRECTOR SOL 010 REISTERSTOW	N RD. BALTO.		JUL 9	1980 FEGISTRAR 25b. REGU	PRAR'S SIGNAT	Grendy

#5,6,FilmG545 7/15/80 kam

				100		
					112	
(F) 100				19		
		A THE				
	702					
	The same					

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME 2a DATE OF DEATH MONTH YEAR 26 HOUR (TYPE OR PRINT 80 Jew Tame 4 RACE 3 SEX DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) MONTH 88 Male Nearo 24 91 TO BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA D.C. WIDOWED DIVORCED [1m10r 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Y OR TOWN OF DEATH 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY PROVIDENT HOSPITAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 iniore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONAL 136 COUNTY 13a STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Baltimore MD 1537 Woodyear St YES X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST George Cole ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR OATES) No 217-07-9567 Mary Cole 1539 Woodyear St APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and c PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 201 IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? NO. NOF 6 A P 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21b. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH oto MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P M 21d. INJURY OCCURRED 211 LOCATION 0 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE WHILE AT WORK AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from. sow the deceased alive on and that in (my) (each opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not riew the body ofter death 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN MPORTANT: 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS the: 0 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23h DATE 23¢ NAME OF CEMETERY OR CREMATORY COUNTY STATE CITY OF TOWN 7/8/80 MD Nat'l Mem. Pk. BP Burial Laurel BY REGISTRAR 25h REM 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 1101 E. North Ave. 1980 C. March F/H (VR A 15 (4))



	1			STAT	E OF MARYLAND		
(10) 11	1	FOR STATE REGISTRAR	DEPART		ICATE OF DEATH	IENE 8 0	17302
nay be page 3 death		CEASED NAME FIRST John		Col	.e Cele	20 DATE OF DEATH MC	26 80 11:10 A M
age 4 ma ector, pa s after d	3 SE	x Male	White	5 DATE O		6. AGE (IN YEARS LAST BIRTHD	WONTHS DAYS HOURS MIN
death. Partied at o	1	IRTHPLACE (STATE OR FOREIGN COUNTRY) aryland	75 CITIZEN OF WHAT COUNTRY? USA	8 MARRIE WIDOW	D NEVER MARRIED	Baltimere	
urs after by the furst within		TTY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET Union Memoria)	ADDRESS)	OR OTHER INSTITUTION	12n USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Maintenan	126 KIND OF BUSINESS OR VORKING LIFET INDUSTRY
hin 24 hours filled in the fil	13n		ROTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	134 INSIDE CITY LIMITS? YES NO 💆		Cockeysville donia Rd. Md.
03dM)		Howard Co	rnelius Cole		Is mother's maiden name first Ester	May	Brown
i the	160	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) I IF YES, GM Y es W	med forces? 166 SOCIAL SECU E WAR OR DATES) 216-14-		Mrs. Doroth	address ny E. Cole,	Box 379 Padonia Rd
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 IDING PHYSICIAN. The law requires that the death certificate be executed within 24 hour strending physician. After this certificate has been signed by the attending physician and strending physici	z	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEOU Ib) Poorly Diff DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO	erent ence of	nakd Lymphoc		ION GIVEN IN PART 1101
AL RECORD I. The law is the been permit. The leme prior is lene prior is shows any	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		NO IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO
PHYSICIAN 19 physician. 10 physician. 10 physician. 10 physician. 10 physician. 11 physician. 12 physician. 13 physician. 14 physician. 15 physician. 16 physician. 16 physician. 17 physician. 18 physician. 18 physician.	MEDICAL CER	21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY I	N ITEM 18, PART 1 OR PART 2]
DIVISION ENDING PI rr attending OR: After th e as the bur ealth and N is marked	MED	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21R PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ALCH ATT he hospital c		saw the deceased alive on obove, (I) wo did (did no 27b. SIGNATURE	To ottended the deceosed from 19 19 19 19 19 19 19 19 19 19 19 19 19		nd that in (my) (Gur) opinion of DEGREE ATTENDING PHYSICIAN	deoth occurred on the dote MEDICAL STAFF DIRECTOR PHYSICIA	ond hour and from the causes stated 27c DATE SIGNED 7/26/80
TO HOSPITAL retained by the TO FUNERAL should be detact with the State IMPORTANT:		224 PHYSICIAN'S NAME (TYPE O			22R ADDRESS	, careion of motors	
PE PEE E		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			Grove Cem.	23d LOCATION CITY OR TOWN Sparks,	county state Maryland
DHMH-16 25M	P	UNERAL DIRECTOR	emmon. 10 Appressy 1	dos	A Rd.	REC'D BY REGISTRAR 25	This they Metresdy

John csley Cole Saltinore city Baltimere Union Semerial Mespital Constitution of the contract o direction of the The Labour Education of the American State of the

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

FOR

- STATE

(VRA 15, 4) 1/79

REGISTRAR

Fileter I procument 15 24 His Multiple Stokes CUA Notes Melitus AMATINI VI WAREN SOI DO THIN STEATH TO THE AND THE PART OF TH

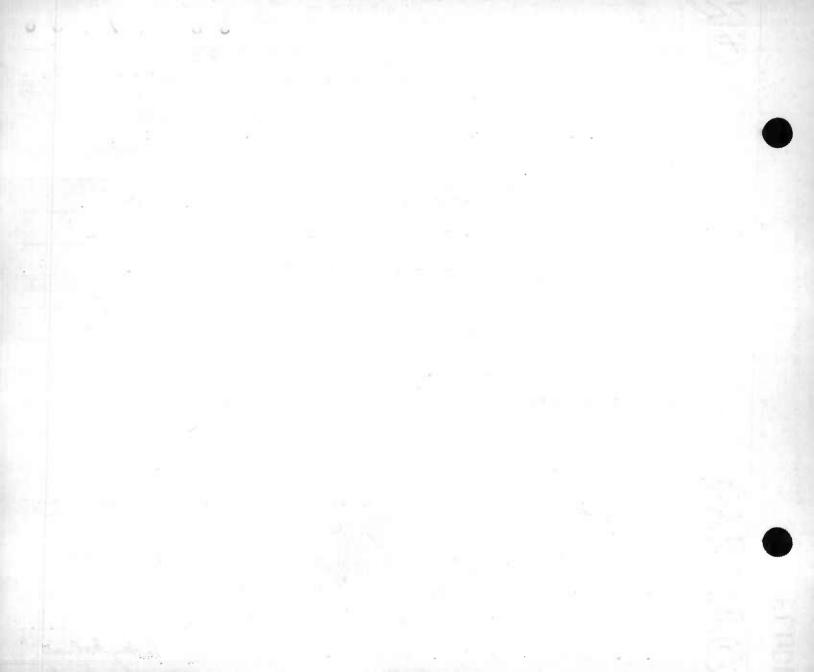
eryland U.S.A. .in and annung tea ment emotited bushing 16-9-00 [-3/0] and theore, the Yes Forest 276-30-0047 loves A. Coleman AT2 For see Runid. 24924

Just 27, 1540 Gardens of rolls Haltimore to., 24.

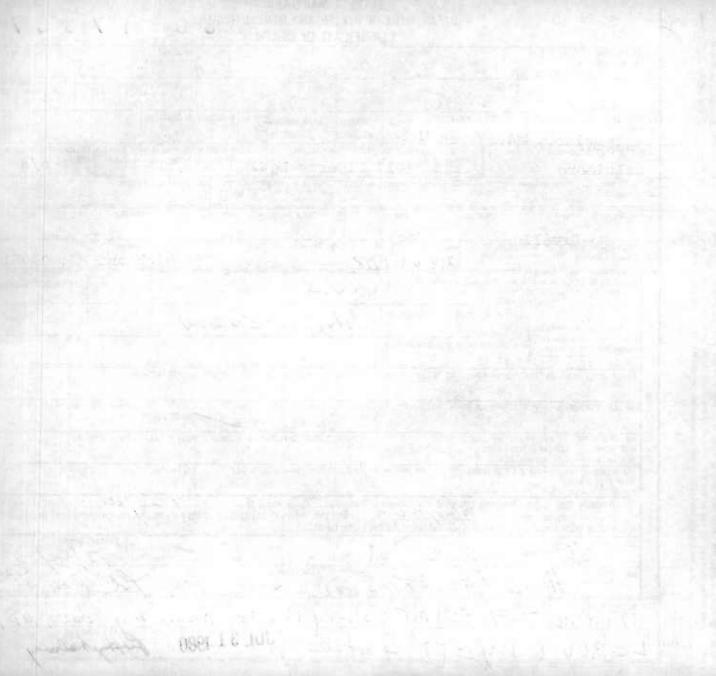
for trool nor transc

Stopel Pureral dures Inc. 2000 Loteir Mt. 2000 1 1380





DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR Month (Type ar print) Day Year Joseph J. Cook 80 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthdoy) IF UNDER I YEAR IF UNDER 24 HRS. MONTHS HOURS 1899 white 80 YRS. male 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH DIVORCED [WIDOWED [City 10. (IT FOR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b, KIND OF BUSINESS OR Liberty Hoting most of working life even if retired.) INDUSTRY n/a give street address) BALTIMORE, MARYLAND 21201 Baltimore 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES 🗍 NO [14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First 16b. SOCIAL SECURITY NO. Deems 17. INFORMANT ARMED FORCES? (Yes, no. or unknown) .1998 Dot Engelking 109 Highland Rd. 21061 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF HY/ERTENSIN requires that the death Conditions, if any, which gave) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? EAUSES OF DEATH? NO D YES [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OB CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County While Not while at wark 220. I certify that (I) (this hospital) attended the deceosed from—saw the deceosed olive on—19—, an , and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceosed olive on_ couses stated above. (1) (we) (did? (did not) view the body after death. 22c DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. MED. DIRECTOR DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) TO FUNERAL 23c. NAME_OF CEMETERY OR CREMATORY 23d. LQCATION (City or Town) (County) BURIAL, CREMATION, 23b. DATE Calvery Lemetary BALTO 24. FUNERAL DIRECTOR DHMH - 16 3/72 25M (VR A15 (4))



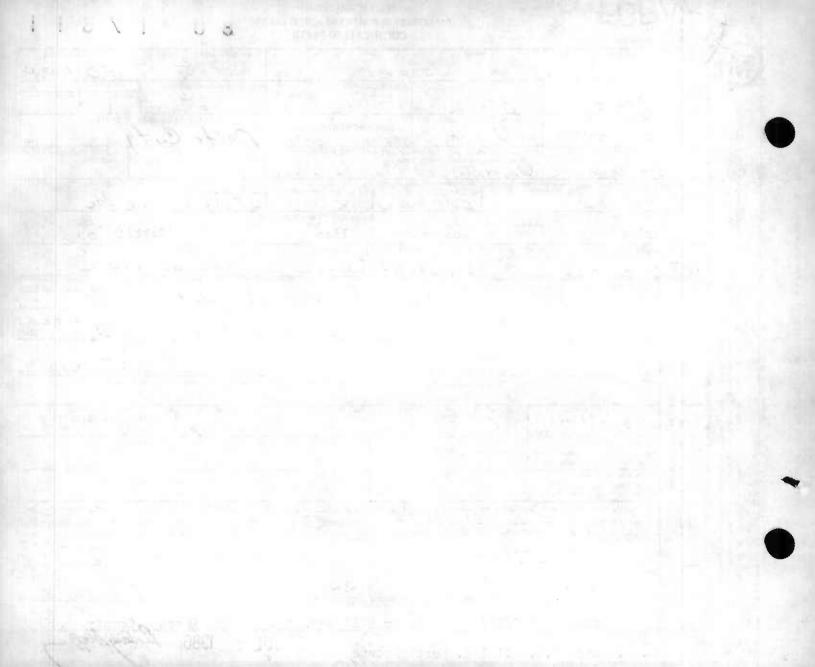
1-2-50 4-6	1 Section 3		
TO (12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		8	
ALD THEE GLA			
	LANCE CARRIER MAY ALL		
Fall Contact Bulliania	200	40.16	HD L
	A PANES		Makin H
	the free the	12 C 1-4	
			Perland
	South delt.		

2)

16	1	FOR STATE REGISTRAR	DEP		IEALTH AND MENTAL HYC ICATE OF DEATH	SIENE 8 0	173	
£3		CEASED NAME FRST	ge W. A	· Coo	per			HOUR 620
	3 SE	Male	RACE	S. DATE C		6 AGE (IN YEARS LAST BIRTI		UNDER 2
uneral n 72 t		IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	USA	WIDOWE		Balto	City	
in by the f filed within		Balto.	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)	Cottr.	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Yard Mast	WORKING LIFE INDUSTRY	
hin 24 h	13a M	AL RESIDENCE (IF NURSING HOME O STATE 13h COU aryland		NOOTS	134 INSIDE CITY LIMITS?	130. STREET ADDRESS 2413 Brohav	wn Ave., 21230)
ompletely and 2 sho	14. F	ATHER'S NAME FIRST George A1	MIDDLE LAS		15 MOTHER'S MAIDEN NA FREST Mary	ME MIDDLE S.	Cain	
ficate be executed ysician and comple pers. Pages 1 and 2 oval.		WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL	5-5058	17 INFORMANT	ADDRE		
res that the death ce ed by the attending p asse remove carbon rial, cremation, or re ry, or other traumati		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONS	itari	o sclareter 1	Heart 1	xseare	e e
aw requires that the een signed by the att Then please remove or to burial, crematii any rijury, or other	CATION	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	SEQUENCE OF	pertroph		DITION GIVEN IN PART 1101	
HYSICIAN: The law requires that the uphysician. Physician is certificate has been signed by the att rail-transit permit. Then please remove fental Hygiene prior to burial, crematit or Item 18 shows any injury, or other	ICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	DUE TO, OR AS A CONSTITUTION FOR WATER HOUR A.M. MONTH P.M.	SEQUENCE OF G TO DEATH BUT WHICH OPERATIO	N WAS PERFORMED 21c. HOW INJURY OCCUR	AINAL DISEASE OR COND 200 AUTOPSY? YES NO	DITION GIVEN IN PART 1101 200. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES	
SICIAN: The law requires that the thysician. regrificate has been signed by the att certificate has been signed by the att transit permit. Then please remove ntal Hygiene prior to burial, crematit Item 18 shows any injury, or other	MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER, NOTIFY MEDICAL EXAMINER TILL INJURY OCCURRED WHILE ON THE AT WORK AT WORK	DUE TO, OR AS A CONSTITUTION CONDITIONS CONTRIBUTION 196 CONDITION FOR W. 216. TIME OF INJURY HOUR A.M. MONTH P.M. 216. PLACE OF INJURY IATHOME, STREET, FACTORY, C.	SEQUENCE OF GTO DEATH BUT WHICH OPERATIO H DAY YEAR 19 OFFICE, FARM, ETC.)	N WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION STREET	AINAL DISEASE OR COND 200 AUTOPSY? YES NO	DITION GIVEN IN PART 1101 200. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES YES YES COUNTY COUNTY	DEATH NO STATE
ALOR ATTENDING PHYSICIAN: The law requires that the hospital or attending physician. LORECTOR After this certificate has been signed by the att ached for use as the burial-transit permit. Then please remove e Dept. of Health and Mental Hygiene prior to burial, crematit. F. If Item 21 is marked or Item 18 shows any injury, or other		gove rise to immediate cause (a), stating the underlying cause lost part of the underlying cause lost part 2 OTHER SIGNIFICANT CONTRIBUTION TO CONTRIBUTING CAUSE OF DE (IF ETHER, NOTHY MEDICAL EXAMINER TWORK NOTWHILE AT WORK NOTWHILE AT WORK 120 L certify that (II (this hosp saw the deceased alive of the cause of the cause of the contribution of the cause of the caus	DUE TO, OR AS A CONSTITUTION CONDITIONS CONTRIBUTION 196 CONDITION FOR W. 216. TIME OF INJURY HOUR A.M. MONTH P.M. 216. PLACE OF INJURY IATHOME, STREET, FACTORY, O. (tol) attended the deceased fi	SEQUENCE OF G TO DEATH BUT WHICH OPERATIO 19 OFFICE, FARM, ETC.)	N WAS PERFORMED 211. HOW INJURY OCCUR 211. LOCATION STREET And that in (my) (aur) apinion DEGREE ATTENDING	AINAL DISEASE OR COND 280 AUTOPSY? YES NO CONTROL CITY OR TOW death occurred an the do	206. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES YIN ITEM 10, PART 1 OR PART 2) TO COUNTY 19 19 the and haur and from the county 12. DATE SK	STATE (I) (we uses state
TTENDING PHYSICIAN: The law requires that the idea or attending physician. TOR: After this certificate has been signed by the att or use as the burial-trassit permit. Then please remove of Health and Mental Hygiene prior to burial, cremating the marked or Item 18 shows any injury, or other than 121 is marked or Item 18 shows any injury, or other	MEDICAL	gave rise to immediate cause (a), stating the underlying cause lost underlying cause lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CAUSE OF DE CHEER, NOTHER DECAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a. I certify that (I) (this hosp saw the deceased alive of obove, (I) (we) (did) (dign.	DUE TO, OR AS A CONSTITUTION CONDITIONS CONTRIBUTION 196 CONDITION FOR W. 216. TIME OF INJURY HOUR A.M. MONTH P.M. 216. PLACE OF INJURY IAT HOME, STREET, FACTORY, OR CONTRIBUTION TO THE P.M. 217. PLACE OF INJURY IAT HOME, STREET, FACTORY, OR CONTRIBUTION TO THE PRINTING OF THE PRIN	SEQUENCE OF GTO DEATH BUT WHICH OPERATIO H DAY YEAR 19 DEFICE, FARM, ETC.)	N WAS PERFORMED 211. HOW INJURY OCCUR 211. LOCATION STREET And that in (my) (aur) apinion DEGREE ATTENDING	AINAL DISEASE OR COND 700 AUTOPSY? YES NO RED JENTER NATURE OF INJUR CITY OR TOW death occurred on the do MEDICAL STAF DIRECTOR PHYSIC	206. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES YIN ITEM 10, PART 1 OR PART 2) TO COUNTY 19 19 the and haur and from the county 12. DATE SK	STAT

DESCRIPTION OF SECURITION OF S Maria and America Maria (1991) 2011 1911 1911 The same of the contract of the same of the contract of the co

(VRA 15, 4) 1/79



NO.	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 O TO TO TO TO THE STATE REGISTRAR CERTIFICATE OF DEATH
par 3		CEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR SORPRINT! Mand (Nee Duvall) Cooper July 10-1980 430 M
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 SE	TEMPLE BLACK 10-28-1899 81 YRS. MONTHS DAYS HOURS MIN.
O 1885	BI	IRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY OF DEATH OUNTRY) ALTIMORE MA U.S.A WIDOWED DIVORCED BALTIMORE, C, fy MD.
To of the state of	E	117. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET DDRESS) AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
LAND 2 bin 24 he should be	13a 3	AREYLAND 136 COUNTY 136 CITY OR TOWN 136 LITY OR TOWN 136 INSIDE CITY LIMITS? 13e. STREET ADDRESS 15 STreet ADDRESS 15 MO 15 MOTHER'S MAIDEN NAME
ted with uted with a solution of the solution	J	PRST ANDRE DUVALL ANNE OUNERS NAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS ADDRESS
BALTIMORE,		WO (IF YES, GIVE WAR OR DATES) 068-28-3167 Brewda Chandler 6012 Old Frederick
PRESTON ST., he death certific he attending ph emove carbanp emotion, ar remo		APPROXIMATE INTERVAL PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o). Stating the DUE TO, OR AS A CONSEQUENCE OF
RDS, 201 W. equires that 1 in signed by 1 Then please r r to buriol, cre injury, or other	NOI	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)
AL RECORDS, The low requir ton. The low requir tion. The speen sign it permit. Then tree prior to b toows ony injury	CERTIFICATION	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
DIVISION OF VITAL NG PHYSICIAN: The oftending physicion in the this certificate his os the buriol-tronsit ph and Mentol Hygier, the ond Mentol Hygier orked or frem 18 show	MEDICAL CER	216. ACCIDENT WAS UNDERLYING COURSED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19
DIVISION Or otherdia Se os the bu	MED	21d. INJURY OCCURRED WHILE NOT WHILE NAT WORK NOT WHILE NOT WHILE NOT WHILE NOT WHILE NOT WORK NOT WO
TOR: TOR: or use of Heo		22e. I certify that (1) (this hospital) attended the deceosed fram 1970, to 1970, to 1970, that (1) (we) last saw the deceosed alive an 1970, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 12c. DATE SIGNED
ERAL DI Stote De Stote De ANT: If H		E. Heuts Wilson M. D. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 7-12-80 1726 ADDRESS
TO HOSPITA retoined by 1 TO FUNERAl should be de with the Stot	22-	E. Hunter Wilsmir. Mp Por Medical acts Bldy, Balto 21201
1906 BP	Z	BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY. 23d. LOCATION COUNTY STATE OF CHARGE OF CHARGE OF CHARGE OF CREMATORY. 23d. LOCATION COUNTY STATE OF CHARGE OF CHA
DHMH - 16 50M 7/77 (VR A 15 (4))	0	MAME Ches L. Glover F. H. 4204 Ridgewall Ale 1980

THE LEASE THE LAND TO SEE THE PARTY OF THE P

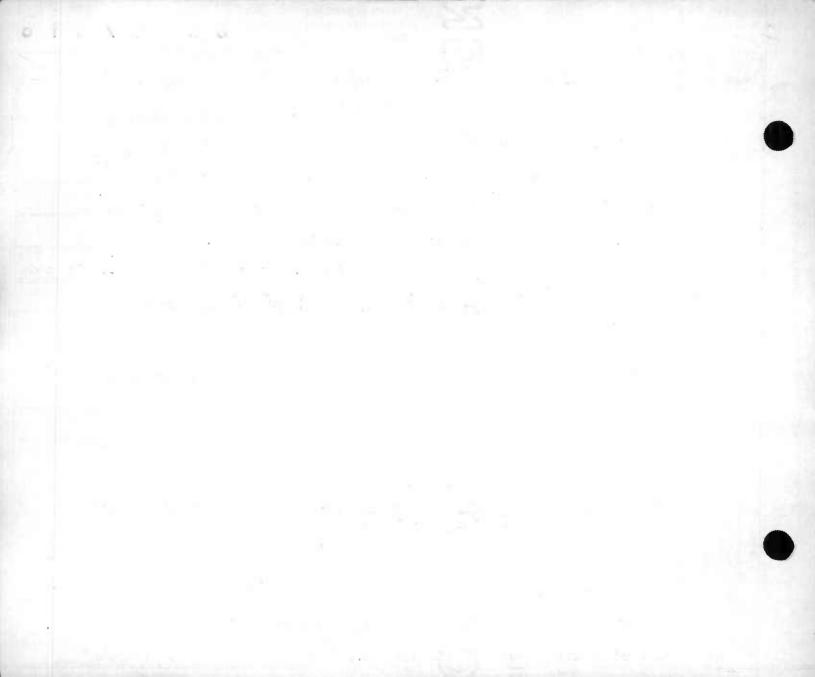
3	1.	STATE REGISTRAR	DE	PARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		173	1 3
V be eath	I. DE	CEASED NAME FIRST	AM	Coosenbury	2e DATE OF DEATH	7 30 80	26. HOUR 445 (A)
	3 SE	M	1 RÁCE B	S DATE OF BIRTH		MONTHS DAYS	
間35	70 BI	RTHPLACE (STATE OR FOREIGN)	U.S.A.	MARRIED NEVER MARRIE	Bal	OR COUNTY OF DEATH	MD.
by the filed within	10 C	BAHO.	11. NAME OF HOSPITAL, N	TURSING HOME OR OTHER INSTITUTIO	N 178 USUAL OCCUPAT ITYPOF WORK FOR MOST	OF WORKING LIFE) INDUSTRA	BUSINESS OR
hin 24 ho filled in vuld be fil		TEATER . IS NURSING HOME OF	TOTHER HISTITUTION GIVE RESIDENCE	134. INSIDE CITY LIM	100076	deral St.	
ompletely and 2 sho	14 FA	THER'S NAME LARRIES	LOOSENDO	st Beath	MIDDLE	Russe	151//
e be exected and and compages 1 tr., the me		VAS DÉCEASED EVER IN U.S. AR les, no or unknown)	E WAR OR DATES]	2-4718 Bert	ha Tyson 2	1807 Federa	15%
certificat physicia papers. removal.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per line for (o). D BY TE CAUSE (o)	noxic Brain	DAMAGE	BETWEEN	XMATE INTERVAL LONSET AND DEATH
e death (artending ve carbor ition, or		2502 Conditions, if ony, which	DUE TO, OR AS A CON	SEQUENCE OF MULAN NO	onketotic Co	AMO	
es that the dby the ati		gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CON				
aw requir een signe Then ple ior to buri any injur	NON	PART 2 OTHER SIGNIFICANT	conditions contribution	G TO DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CON	NDITION GIVEN IN PART 1	(0)
SIAN: The Ician. Cian. ficate has binsit permit. Hygiene prii. Hygiene prii.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH? NO [
PHYSICIA 19 physician this certifica urial-transit Mental Hys d or Item 15		71g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- LIF EITHER, NOTIFY MEDICAL EXAMINER	HOUR A.M. MONT	H DAY YEAR	CCURRED (ENTER NATURE OF INJU	URY IN ITEM 18, PART 1 OR PART 2)	
DING PH Itending I After thi s the buri th and M marked o	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
ATTEN bital or at bital or at ECTOR: for use as of Healt		27a I certify that (I) (this hosp sow the deceased alive on above, (I) (we (did)) did no	tol) oftended the deceased		pinion death occurred on the	ote and hour and from the	, that (I) (we) last e couses stated
by the hosp by the hosp ERAL DIRE e detached f State Dept.		276 SIGNATURE FUL CE	ok MP	DEGREE ATTEND PHYSIC		AFF/ 7/	2 S
TO HOSPITAL TO HOSPITAL TO FUNERAL with the State IMPORTANT:		HAVOLD E	COOK]	III MD BALLI	more City	Hospital	S
8 BP 3	23a. (BURIAL CREMATION, REMOVAL	7-31-80	234 NAME OF CEMETERY OR CREMA	BAHO		MELATE
DHMH-16 25M (VRA 15, 4) 1/79	14 8	INERAL DIRECTOR C. BRO	DWN 1206 (1. Vosth Ave	JUL 31 1980	R 25h. REGISTRAR'S SIGNA	Ready

Entle Me U.S. R. X Salta. Cate belle Cty Hospital Liberer Md Salton A SSCTFedural St Charles Cheechoury Budance Ryssell 24-07-1718 Bertha Tyson 2801 Februal 34 Burnel. 7-2-80 Helly Hills Brite. a Minual Brown 12006 tell tool the three 3 - 1 - 31 - 1 - 31

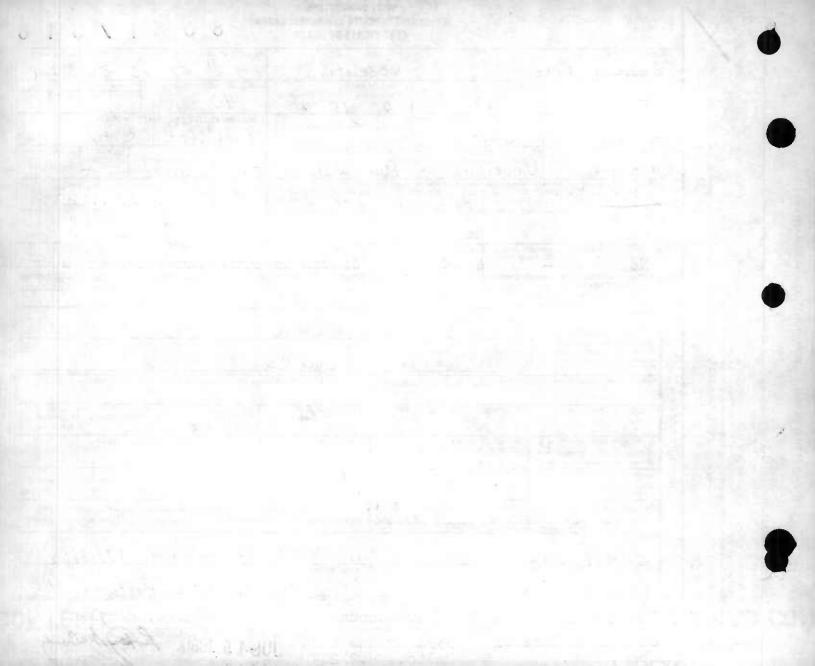
	12 2	W.	Assertation To the second	
	rain, and a con			
Tinti des proches e				
		Contain in	BOOM DOWNERS	
	100	advert	Landing at	

MARION JONES CORKRAN JULY 19.1980 SEX Female White White White Whate Wh	REGISTAR DECEASED NAME 1851	CERTIFICATE OF DEATH REG. NO.	The pattern of death and the pattern of the pattern	TO STATE REGISTAR CERTIFICATE OF DEATH REGISTAR CERTIFICATE OF DEATH REGISTAR 1. DECEASED NAME (THE GORRIN) MARION JONES CORKRAN 1. DECEASED NAME (THE GORRIN) MARION JONES CORKRAN 1. AGE (INTERASIASI BENDAR) TO UNDER THAN ADDRESS FEMALE White NOTE NOTE 1. AGE (INTERASIASI BENDAR) 1. BERTHPLACE (STATE OF DEATH MODITOR 1. AGE (INTERASIASI BENDAR) 1. BERTHPLACE (STATE OF WHAT COUNTRY) MARRED NEVER MARRED STATE 1. BERTHPLACE (STATE OF WHAT COUNTRY) MARRED NEVER MARRED STATE 1. BERTHPLACE (STATE OF WHAT COUNTRY) MARRED NEVER MARRED STATE 1. BERTHPLACE (STATE OF NULLY OF DEATH MODITOR 1. BERTHPLACE (STATE OF NULLY	TO STATE REGISTAR REGISTAR MODIE I. DECEASED NAME (1983) MARION JONES CORKRAN I. DECEASED NAME (1983) MARION JONES (1983)		1				STATI	OF MARYLAND				
MARION JONES CORKRAN JULY 19.1980 3 SEX Female White November 5,1887 10 BIRTHPLACE (STATE OR FOREGN COUNTRY) Pennsylvania USA 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IS NOT HEALTH COUNTRY) Baltimore 110 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IS NOT HEALTH COUNTRY) Baltimore 110 CITY OR TOWN OF DEATH 111 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IS NOT HEALTH COUNTRY) Baltimore 110 CITY OR TOWN OF DEATH 111 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IS NOT HEALTH COUNTRY) Baltimore 110 CITY OR TOWN Baltimore 111 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (INTEGRATION COUNTRY OR OWNERS OF WORKERS	MARION JONES CORKRAN JULY 19,1980 1 SEX Female White White November 5, 1887 Female Female White November 5, 1887 Female Femal	MARION JONES CORKRAN JULY 19,1980 1 SEX Female White White Whovember 5,1887 1 SATE OF BIRTH NOVember 5,1887 1 SATE OF BIRTH NOVember 5,1887 1 SATE OF BIRTH NOVember 5,1887 1 SATE OF BIRTHPLACE, STATE ORIGINAL OF SATE OF SATE OF SATE OF SATE OF SATE ORIGINAL OF SATE OF SATE ORIGINAL OF SATE OF SATE ORIGINAL OF SATE OF SATE ORIGINAL OF SATE OF SATE ORIGINAL OF SATE ORIGINAL	MARION JONES CORKRAN JULY 19,1980 SEX FEMALE FEMALE White White Whowember 5,1887 Pemale White Whowember 5,1887 Pemale Whowember 5,1887 Pemale Whowember 5,1887 Pemale Whowember 5,1887 Pemale White Whowember 5,1887 Pemale Pemale Whowember 5,1887 Pemale Whowember Market Pemale Whowember Monket Pemale	MARION JONES CORKRAN JULY 19,1980 S DATE OF BIRTH A RACE	MARION JONES CORKRAN JULY 19,1980 J SEX FEMALE RACE		1.	- STATE		DEPARTA			0 0	10.	7 3	1
Female White W	S DATE OF BIRTH NOVEM DAY YEAR NOVEM DAY DAY NOVEM DAY	SEX Female White South of Birth Day YEAR SOUTH DAY YEAR DAY DAY YEAR DAY DAY YEAR DAY YEAR DAY DAY YEAR DAY	SEX Female White White November 5,1887 92 785 1800115 0475 18001	SEX Female White White Whote November 5, 1887 92 YRS Whole White Whole November 5, 1887 92 YRS Whole White November 5, 1887 92 YRS Whole Who	3 SEX Female White White November 5,1887 92 YRS Female White White November 5,1887 92 YRS Female White White November 5,1887 92 YRS Female White White November 5,1887 92 YRS Female White White November 5,1887 92 YRS Female White White November 5,1887 92 YRS Female White White November 5,1887 92 YRS Female White White November 5,1887 92 YRS Female White White November 5,1887 92 YRS Female White White November 5,1887 92 YRS Female White White November 5,1887 92 YRS Female White White November 5,1887 92 YRS Female White			OR PRINT)				AST	24 DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
Female White November 5, 1887 92 YRS MONITH DAY NOVEMber 5, 1887 92 YRS MONITH DAY NOVEMber 5, 1887 92 YRS MARRIED NEVER MARRIED MARRIED	Female White November 5, 1887 92 yrs November 15, 1887 92 yrs November 1887 10 Usual occupation (IPF of work row most occupation (IPF of work row most occupation (IPF of work row most occupation (IPF of work row most occupation (IPF of work row most occupation (IPF of work row most occupation (IPF of work row most occupation (IPF of work row most occupation (IPF of work row most occupation (IPF of work row most occupation (IPF of work row most occupation (IPF of work row most occupation (IPF of work row most occupation (IPF of work row most	Female White November 5, 1887 92	Female White November 5, 1887 92	Female White November 5, 1887 92	Female White November 5,1887 92 YRS PARTI DEATH WAS COUNTY OF DEATH White November 5,1887 Pemale Pemale White November 5,1887 Pemale Pemale White November 5,1887 Pemale Pema			MA	RION JON	ES CORKRA	AN		JULY	19,19	80	
Female White November 5,1887 92 YRS BRITHRIACE (STATE OR PORCISON COUNTRY) Pennsylvania USA WIDOWED D DNORCED Baltimore City WIDOWED D DNORCED Baltimore City Baltimore City WIDOWED D DNORCED Baltimore City Baltimore City WIDOWED D DNORCED Baltimore City Baltimore City WIDOWED D DNORCED Baltimore City WIDOWED D DNORCED Baltimore City WIDOWED D DNORCED Baltimore City WIDOWED D DNORCED Baltimore City WIDOWED D DNORCED Baltimore City Baltimore Baltimore City Baltimore City Baltimore City Baltimore City Bal	Female White November 5,1887 92 YRS ABATTMORE CITY OR COUNTY OF DEATH SHATT COUNTRY? SHATTMORE CITY OR COUNTY OF DEATH SHATTMORE CITY OR COUNTY OR	Female November 5,1887 92 YRS	Female White November 5,1887 92 785 786	Female The Birthplace (in the chorene of the country) The Children of What Country The	Female White November 5,1887 92 785 IBRITHPIACE (STAIR CATORICAN 10 CITY COUNTRY) MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY OF DEATH 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12 USUAL OCCUPATION 11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12 USUAL OCCUPATION 11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12 USUAL OCCUPATION 11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12 USUAL OCCUPATION 12 USUAL OCCUPATION 13 USUAL OCCUPATION 1		3 SE	X	4 RACE				& AGE (IN YEARS LAST BIR			
Pennsylvania USA Name of Hospital, Nursing of Or Other Institution (If Hot) in Suchacity, Give Street address) Such a restrict of Homemaker 136 County 1	Pennsylvania USA Marked Never Marked DMORCED Baltimore City	Pennsylvania USA Married Never Married Baltimore City Middle Mid	Pennsylvania USA Widowold Divorced Baltimore City 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Baltimore 3908 N. Charles St. Homemaker 12. USUAL RESIDENCE (# NURSING-HOME OR OTHER INSTITUTION (1794 OF WORK FOR MOST OR WORKING 185) 1726 KIND OF BUSINE INDUSTRY HOMEMAKER 13. STATE HOME INSTITUTION OF RESIDENCE BEFORE ADMISSION (1794 OF WORK FOR MOST OR WORKING 185) 1726 KIND OF BUSINE INDUSTRY Maryland 14. FATHER'S NAME 136 COUNTY Maryland 15. MOTHER'S MADIEN NAME 1625 IN MODILE 1635 IN MOTHER'S MADIEN NAME 1635 IN MODILE 1635 IN MOTHER'S MADIEN NAME 1635 IN MODILE 1635 IN MOTHER'S MADIEN NAME 1635 IN MODILE 1635 IN MODILE 1635 IN MOTHER'S MADIEN NAME 1635 IN MODILE 1635	Pennsylvania USA WOOWED D DIVORCED Baltimore City 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (# WOT HE SUCH FACILITY, ONE STREET ADDRESS) 3908 N. Charles St. USUAL RESIDENCE (# NURSING HOME OR OTHER HISTITUTION) 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (# WOT HE SUCH FACILITY, ONE STREET ADDRESS) 12 STATE 13 STATE 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME 16 WAS DECEASED EVER IN U.S. A READ FORCES? 16 WAS DECEASED EVER IN U.S. A READ FORCES? 16 WAS DECEASED EVER IN U.S. A READ FORCES? 16 WAS DECEASED EVER IN U.S. A READ FORCES? 16 WAS DECEASED EVER IN U.S. A READ FORCES? 16 WAS DECEASED EVER IN U.S. A READ FORCES? 16 WAS DECEASED EVER IN U.S. A READ FORCES? 17 IN FORMANT 216-46-1573 DT. WILLIAM WATERMAN ADDRESS 18 CAUSE OF DEATH HENTER ONly one course per line for IOL (b) and ICL. 18 PARTIL DEATH WAS CAUSED BY IMMEDIATE CAUSE TO Immediate COURS OF IOL (b) and ICL. 19 PARTIL DEATH WAS CAUSED BY IMMEDIATE CAUSE TO Immediate COURS OF IOL (b) AS A CONSEQUENCE OF CONDITION OF INSTITUTION OF INJURY 19 DATE OF OPERATION 19 CONTRIBUTION OF INJURY 10 DATE OF OPERATION 11 CAUSE OF DEATH OF INJURY 11 TO DEATH WAS UNDERSTAND OF INJURY 11 TO DEATH WAS UNDERSTAND OF INJURY 11 TO DEATH WAS UNDERSTAND OF INJURY 11 TO DEATH WAS UNDERSTAND OF INJURY 11 TO DEATH WAS UNDERSTAND OF INJURY 11 TO DEATH WAS UNDERSTAND OF INJURY 11 TO DEATH WAS UNDERSTAND OF INJURY 12 TO DEATH WAS UNDERSTAND OF INJURY 13 TO DEATH OF INJURY 14 DATE OF OPERATION 15 THE WAS UNDERSTAND OF INJURY 16 THE WAS UNDERSTAND OF INJURY 17 THE WAS UNDERSTAND OF INJURY 18 THE WAS UNDERSTAND OF INJURY 19 DATE OF OPERATION 19 DATE OF OPERATION 10 CITY OF INJURY 21 TO DEATH OF OPERATION 21 TO DEATH OF INJURY 21 TO DEATH OF OPERATION 21 TO DEATH OF OPERATION 22 TO DEATH OF OPERATION 23 TO DEATH OF OPERATION 24 TO DEATH OF OPERATION 25 TO DEATH OF OPERATION 26 TO DEATH OF OPERATION 27 TO DEATH OF OPERATION 27 TO DEATH OF OPERATION 28 TO	Pennsylvania USA Machine November Nov	Si .		Female	Whit	e	Nove	mber 5,1887	92		ONTHS OATS	HOURS
IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 3908 N. Charles St. WSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 108. STATE 118. STATE 118. STREET ADDRESS 1198. STREET ADDRESS 1198. STREET ADDRESS 3908 N. Charles St Maryland 14 FATHER'S NAME FIRST Charles Sharpless Jones 15 MOTHER'S MAIDEN NAME FIRST Charles Sharpless Jones 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 161 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 216—46—1573 Dr. William Waterman Sinsbury. C. 181 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 182 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 183 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 184 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 185 COUSE (a), storing the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 129. STATE 130. COUNTY 130. CITY OR TOWN 130. STATE 130. STA	ID CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (FNOT HADCHTACHIT), ONE STREET ADDRESS) Baltimore 3908 N. Charles St. USUAL RESIDENCE IF NURSINGHOME OF OTHER INSTITUTION (CTYCO WORKING INE) 138 COUNTY 139 STREET ADDRESS 3908 N. Charles St. 14 FATHER'S NAME 15 MOTHER'S MADDEN NAME 16 WAS DECEASED EVER IN U. S. ARMED FORCES? 17 (YES, MOC MURNOWN) 18 OF DEATH (Enter only one course per line for 101, 101, and 101) 18 CAUSE OF DEATH (Enter only one course per line for 101, 101, and 101) 19 PART I. DEATH WAS CAUSED BY 10 UNITED AND ADDRESS 11 UNITED AND ADDRESS 11 UNITED AND ADDRESS 11 UNITED AND ADDRESS 12 UNITED AND ADDRESS 13 UNITED ADDRESS 14 UNITED AND ADDRESS 15 UNITED ADDRESS 16 UNITED ADDRESS 17 UNITED ADDRESS 18 UNITED ADDRESS 18 UNITED ADDRESS 19 UNITED ADDRESS 19 UNITED ADDRESS 10 UNITED AD	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION (TYPE OF WORKENG 185) 1126 KIND OF BUSINE (# NOT IN SUCH PACIFIC, OR'S INSEL ADDRESS) 3908 N. Charles St. Homemaker 1126 KIND OF BUSINE (# NOT OWN OR NOT OWN OR OTHER INSTITUTION, OF RESORNER SETON ADMISSION) 136 CITY OR TOWN 136 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 216-46-1573 Dr. William Waterman SINS DUTY. Conn. 167 CANNON WAS PART IN 156 CANNON WAS PART IN 156 CANNON WAS PART IN 156 CANNON WAS PART IN 156 CANNON WAS PART IN 156 CANNON WAS PART IN 156 CANNON WAS PART IN 156 CANNON WAS PART IN 156 CANNON WAS PART IN 156 CANNON WAS PART IN 156 CANNON WAS PART IN 156 CANNON WAS PART IN 156 CANNON WAS PART IN 156 CANNON WAS PART IN 156 CANNON WAS PART IN 156 CANNON WAS PART IN 156 CANNON WAS PART IN 156 CANNON WAS PART IN 157 CANNON WAS PART IN	ID CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (# WOI HE SUCH ACCUITY, GWY SINER ADDRESS) Baltimore 3908 N. Charles St. USUAL RESIDENCE (# NURSING HOME OR OTHER HISTITUTION) (# WOI HE SUCH ACCUITY, GWY SINER ADDRESS) LUSUAL RESIDENCE (# NURSING HOME OR OTHER HISTITUTION) III. STATE USUAL RESIDENCE (# NURSING HOME OR OTHER HISTITUTION) III. CITY OR TOWN Baltimore 138 STREET ADDRESS 3908 N. Charles St. WATYLAND III. CALLES OF LAST ROSINA HATTING III. WAS DECEASED EVER IN U.S. ARMED FORCES? III. WAS DECEASED EVER IN U.S. ARMED FOR IN U.S. WAS DECEASED EVER IN U.S. WAS DECEASED	Baltimore 3908 N. Charles St. Homemaker USUAL RESIDENCE (# NURSING HOME OF OFFICE HOST INTO MY WORK FOR MOST OF WORK FOR MOS	17		OUNTRY)		WHAT COUNTRY?	MARRIEI					
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY Maryland 13f. CITY OR TOWN Baltimore VES X NO 3908 N. Charles St 15 MOTHER'S NAME FIRST Charles Sharpless Jones 16b SOCIAL SECURITY NO (YES, NO OR UNKNOWN) NO 16c WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, GIVE WAR OR DATES) NO 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the UNDERSONAL SECURITY NO DUE TO, OR AS A CONSEQUENCE OF UNDERSONAL SECURITY NO DUE TO, OR AS A CONSEQUENCE OF UNDERSONAL SECURITY NO DUE TO, OR AS A CONSEQUENCE OF UNDERSONAL SECURITY NO DUE TO, OR AS A CONSEQUENCE OF UNDERSONAL SECURITY NO DUE TO, OR AS A CONSEQUENCE OF UNDERSONAL SECURITY NO DUE TO, OR AS A CONSEQUENCE OF UNDERSONAL SECURITY NO DUE TO, OR AS A CONSEQUENCE OF UNDERSONAL SECURITY NO DUE TO, OR AS A CONSEQUENCE OF UNDERSONAL SECURITY NO DUE TO, OR AS A CONSEQUENCE OF UNDERSONAL SECURITY NO DUE TO, OR AS A CONSEQUENCE OF UNDERSONAL SECURITY NO DUE TO, OR AS A CONSEQUENCE OF UNDERSONAL SECURITY NO DUE TO, OR AS A CONSEQUENCE OF UNDERSONAL SECURITY NO DUE TO, OR AS A CONSEQUENCE OF UNDERSONAL SECURITY NO DUE TO, OR AS A CONSEQUENCE OF UNDERSONAL SECURITY NO DUE TO, OR AS A CONSEQUENCE OF	USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. COUNTY 136. CITY OR TOWN Maryland 137. CITY OR TOWN Baltimore YES X NO 3908 N. Charles St. 14. FATHER'S NAME ###ST Charles Sharpless Jones 15. MOTHER'S MAIDEN NAME ###ST Charles Sharpless Jones 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. WOS DECEASED EVER IN U.S. ARMED FORCES? NO 216-46-1573 Dr. William Waterman Sinsbury. Conn. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 19. STATE 19. STATE 118. COUNTY 119. COUNTY 119. CITY OR TOWN 119. STATE 119. STREET ADDRESS 3908 N. Charles St. 110. Charles St. 110. Charles St. 110. MOTHER'S MAIDEN NAME 110. MODILE 111. MOTHER'S MAIDEN NAME 112. MODILE 113. MOTHER'S MAIDEN NAME 113. MOTHER'S MAIDEN NAME 114. MODILE 115. MOTHER'S MAIDEN NAME 115. MOTHER'S MAIDEN NAME 116. MODILE 117. INFORMANT 118. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 119. PART I. DEATH WAS CAUSED BY 110. DUE TO, OR AS A CONSEQUENCE OF 110. Underlying couse lost 110. STATE 111. DEATH WAS CAUSED BY 111. DEATH WAS CAUSED BY 112. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 113. MOTHER'S MAIDEN NAME 114. MODILE 115. MOTHER'S MAIDEN NAME 115. MOTHER'S MAIDEN NAME 116. MODILE 117. INFORMANT 118. MOTHER'S MAIDEN NAME 119. MODILE 119. STREET ADDRESS 3908 N. Charles ST. 119. MODILE 119. MODILE 119. MODILE 119. MODILE 119. STREET ADDRESS 3908 N. Charles ST. 119. MODILE 119. MODILE 119. MODILE 119. STREET ADDRESS 3908 N. Charles ST. 119. MODILE 119. MODI	USUAL RESIDENCE (IF NUISSAG HOME OF OTHER INSTITUTION, GIVE RESDENCE BEFORE ADMISSION) 13a, STATE 13a COUNTY 13a, STATE 13a COUNTY 13a COUNTY 13a COUNTY 13a COUNTY 13a STATE 13a COUNTY 13a STATE 13a COUNTY 13a STATE 13	USUAL RESTRECT (# NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE SETORS ADMISSION) 138, STATE 139, STATE 130, COUNTY 131, STATE 131, STREET ADDRESS MATY and 14 FATHER'S NAME 15 MODIE 15 MOTHER'S MAIDEN NAME 16 MODIE 16 MODIE 17 MODIE 18 MO	USUAL RESIDENCE IF NUISANG HOME OR OTHER INSTITUTION, OVER RESIDENCE BY ONE ADMISSION 134 INSIDE CITY LIMITS? 138 STREET ADDRESS 3908 N. Charles St. 138 STREET ADDRESS 3908 N. Charles St. 134 INSIDE CITY LIMITS? 138 STREET ADDRESS 3908 N. Charles St. 134 INSIDE CITY LIMITS? 138 STREET ADDRESS 3908 N. Charles St. 134 INSIDE CITY LIMITS? 138 STREET ADDRESS 3908 N. Charles St. 134 INSIDE CITY LIMITS? 138 STREET ADDRESS 3908 N. Charles St. 134 INSIDE CITY LIMITS? 138 STREET ADDRESS 3908 N. Charles St. 134 INSIDE CITY LIMITS? 138 STREET ADDRESS 3908 N. Charles St. 134 INSIDE CITY LIMITS? 138 STREET ADDRESS 3908 N. Charles St. 134 INSIDE CITY LIMITS? 138 STREET ADDRESS 3908 N. Charles St. 134 INSIDE CITY LIMITS? 138 INSIDE CITY LIMITS? 138 INSIDE CITY LIMITS? 138 STREET ADDRESS 3908 N. Charles St. 134 INSIDE CITY LIMITS? 138 STREET ADDRESS 3908 N. Charles St. 134 INSIDE CITY LIMITS? 138 INSIDE CITY LIMITS? 138 INSIDE CITY LIMITS? 138 INSIDE CITY LIMITS? 138 INSIDE CITY LIMITS? 138 INSIDE CITY LIMITS? 138 INSIDE CITY LIMITS? 138 INSIDE CITY LIMITS? 138 INSIDE CITY LIMITS? 138 STREET ADDRESS 3908 N. Charles St. 134 INSIDE CITY LIMITS? 138 INSIDE CI	o O O	10 C	ITY OR TOWN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	NG HOME O	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION OF WORKING LIFE)	126 KIND C		
Maryland Baltimore YES X NO 3908 N. Charles St It father's NAME First Charles Sharpless Jones The WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) IS CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),	Maryland Baltimore YES X NO 3908 N. Charles St. II FATHER'S NAME FIRST Charles Sharpless Jones Rosina Harring Ida WAS DECEASED EVER IN U.S. ARMED FORCES? IVES, NO OR UNKNOWN) NO 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (c)	Maryland Baltimore YES X NO 3908 N. Charles St. It father's Name (H FATHER'S NAME (H FATHER'S (H FATHER'S (H FATHER'S (H FATHER'S (H FATHER'S (H F	Maryland Baltimore YES X NO 3908 N. Charles St. It fathers name first module last Charles Sharpless Jones Charles Sharpless Jones Rosina Harring 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO NO RUNANOWN (FYES, GORE WAS OR DATES) 176 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 216 INFORMANT ADDRESS NO 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF COUSE (b), stohing the underlying couse lost. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 176 DATE OF OPERATION 176 CAUSE OF DEATH OR AM. MONTH DAY YEAR 10 (E) IN O YES NO OR CONTRIBUTION CAUSE OF DEATH HOUR AM. MONTH DAY YEAR 10 (E) IN O YES NO OR CONTRIBUTION CAUSE OF DEATH HOUR AM. MONTH DAY YEAR 10 (E) IN O YES NO OR CONTRIBUTION CAUSE OF DEATH HOUR AM. MONTH DAY YEAR 11 (E) IN O YES NO OR CONTRIBUTION CAUSE OF DEATH HOUR AM. MONTH DAY YEAR 11 (E) IN O YES NO OR CONTRIBUTION CAUSE OF DEATH HOUR AM. MONTH DAY YEAR 11 (E) IN O YES NO OR CONTRIBUTION COLUMN Maryland Baltimore YES NO 3908 N. Charles St. Its MODIE IAST Charles Sharpless Jones Rosina Harring Its MADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO CHARLES BY LESS, GOR WAR OR DAIRS) Its CAUSE OF DEATH lenter only one couse per line for Io1, Ib. and Ic1 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost OF CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I TO THE TERMINAL DISEAS	Maryland No 3908 N. Charles St.	Snu -	USU	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	E ADMISSION)			er	1		
It FATHER'S NAME FIRST Charles Sharpless Jones Idea WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO OR UNKNOWN) NO IT WYS, GIVE WAR OR DATES) IT INFORMANT ADDRESS IT INFORMANT ADDRESS IT INFORMANT IT INFORMANT IT INFORMANT ADDRESS IT INFORMANT It father's Name First Mode Charles Sharpless Jones Rosina Harring It was deceased ever in u.s. armed forces? It is social security no it informant Address No or unknown) If yes, give war or dates) It cause of Death Ienter only one couse per line for (a), (b), and (c). Part I. Death was Caused by Immediate Cause (o) Due to, or as a consequence of Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. Part 2 Other Significant Conditions Contributing to Death But not related to the terminal disease or condition given in Part I(c).	The WAS DECEASED EVER IN U.S. ARMED FORCES? INDUITE THE TENT OF T	14 FATHER'S NAME FIRST MIDDLE LAST IS MOTHER'S MAIDEN NAME FIRST Charles Sharpless Jones Rosina Harring	That I shall	IN FATHER'S NAME FIRST MIDDLE LAST TO CHARLES Sharpless Jones Rosina Harring Rosina Harring I to a special section of the special sectio	201			INTY					Settle 7			
Charles Sharpless Jones The WAS DECEASED EVER IN U.S. ARMED FORCES? IN SOCIAL SECURITY NO IT INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH LEnter only one couse per line for (a), (b), and (c), in the part I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate couse (a), storing the underlying couse lost.	Charles Sharpless Jones Rosina Harring 166 WAS DECEASED EVER IN U.S. ARMED FORCES? (166 SOCIAL SECURITY NO NO DE UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1. DE ATH WAS CAUSED BY (MARCH DATE) Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c)	Charles Sharpless Jones The WAS DECASED EVER IN U.S. ARMED FORCES? The Was DECASED EVER IN U.S. ARMED FORCES IN U.S. ARMED FORCES IN U.S. ARMED FORCES IN U.S. ARMED FORCES IN U.S. ARMED FORCES IN	Charles Sharpless Jones Rosina Harring No 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 187 APPROXIMATE PITE PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoling the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 POR DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH OR CONCERNMENTING CAUSES OF DEATH OR CONCERNMENTING CAUSE OF DEATH OR CONCERNMENTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONCERNMENTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONCERNMENTING CAUSE OF DEATH OR CONCERNMENTING CAUSE OF DEATH OF STREET 216 FEITHER, NOTHER MEDICAL EXAMINER) P.M. 19 216 FINAL RATIO OF INJURY 216 INJURY OCCURRED 216 PLACE OF INJURY 217 INCENTIVE MEDICAL EXAMINER) P.M. 19 218 INJURY OCCURRED 219 PLACE OF INJURY 211 IOCATION STREET CHOOL TOWN COUNTY COUNTY COUNTY COUNTY	Charles Sharpless Jones Rosina Harring 186 WAS DECEASED EVER IN U.S. ARMED FORCES? 186 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 186 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 187 APROXIMATE INITE PART I. DEATH (Enter only one couse per line for (al. (b) and ic.) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoling the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART 2 OTHER SIGNIFICANT CONDITIONS FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 190 CONTRIBUTING 210 TIME OF INJURY OR CONTRIBUTING 211 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 216 INJURY OCCURRED 217 PART 2 OTHER SIGNIFICANT CONDITIONS FOR WHICH DAY YEAR HOUR A.M. MONTH DAY YEAR P.M. 19 218 INJURY OCCURRED 219 PART 2 OTHER SIGNIFICANT CONDITIONS FOR WHICH DAY YEAR HOUR A.M. MONTH DAY YEAR P.M. 19 216 INJURY OCCURRED 217 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTED 218 INJURY OCCURRED 219 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTED 210 INJURY OCCURRED 211 INJURY OCCURRED 211 INJURY OCCURRED 212 INJURY OCCURRED 213 INJURY OCCURRED 214 INJURY OCCURRED 215 INJURY OCCURRED 216 INJURY OCCURRED 217 INJURY OCCURRED 218 INJURY OCCURRED 219 INJURY OCCURRED 210 INJURY OCCURRED 211 INJURY OCCURRED 211 INJURY OCCURRED 211 INJURY OCCURRED 212 INJURY OCCURRED 213 INJURY OCCURRED 214 INJURY OCCURRED 215 INJURY OCCURRED 216 INJURY OCCURRED 217 INJURY OCCURRED 218 INJURY OCCURRED 219 INJURY OCCURRED 210 INJURY OCCURRED 211 INJURY OCCURRED 211 INJURY OCCURRED 211 INJURY OCCURRED 212 INJURY OCCURRED 213 INJURY OCCURRED 214 INJURY OCCURRED 215 INJURY OCCURRED 216 INJURY OCCURRED 217 INJURY OCCURRED 218 INJURY OCCURRED 218 INJURY OCCURRED 219 INJURY OCCURRED 210	Charles Sharpless Jones Charles Sharpless Jones Rosina Harring No 186 WAS DECEASED EVER IN U.S. ARMED FORCES? (196 SOCIAL SECURITY NO 170 INFORMANT ADDRESS 216-46-1573 Dr. William Waterman Sinsbury. Conn. APPROXIMATE WITE PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE OF DEATH (Enter only one couse per line for 101, (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gover rise to immediate couse in intermediate couse in inte					Baltimo	re		3908 N.	Charl	es St.	
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 160 SOCIAL SECURITY NO 17 INFORMANT 17 INFORMANT 160 SOCIAL SECURITY NO 17 INFORMANT 17	166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 167 NO OUNKNOWN] (# YES, GNE WAR OR DATES) 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 167 NO OUNKNOWN] (# YES, GNE WAR OR DATES) 168 SOCIAL SECURITY NO 17 INFORMANT ADDRESS ADDRESS 168 SOCIAL SECURITY NO 18 CAUSE DIFFICATION OF COUNTY 17 INFORMANT ADDRESS 17 INFORMANT 17 INFORMANT ADDRESS 17 INFORMANT 17 INFORMAN	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c): PART 1. DEATH WAS CAUSED BY (EYES, GIVE WAR OR DATES) (b) DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) PART 3. CEDENT WAS UNDERLYING 110 TIME OF INJURY PART 1 (CONTRIBUTING OCCURRED 110 TIME OF INJURY OR CONTRIBUTING OCCURRED 110 TIME OF INJURY PART 1 OR PART 2 (C) PART 3. CEDENT WAS UNDERLYING 110 TIME OF INJURY PART 1 OR PART 2 (C) PART 2 (CAUSE OF DEATH WAS UNDERLYING OCCURRED 110 TIME OF INJURY PART 1 OR PART 2 (CAUSE OF DEATH WAS UNDERLYING OCCURRED 110 TIME OF INJURY PART 1 OR PART 2 (CAUSE OF DEATH WAS UNDERLYING OCCURRED 110 TIME OF INJURY PART 1 OR PART 2 (CONTRIBUTION OCCURRED 110 TIME OF INJURY PART 1 OR PART 2 (CONTRIBUTION OCCURRED 110 TIME OF INJURY PART 1 OR PART 2 (CONTRIBUTION OCCURRED PART 1 OR PART 2 (CONTRIBUTION OCCURR	18 CAUSE OF DEATH IENTER ONDER UNKNOWN 18 YES, GIVE WAR OR DATES) 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 18 CAUSE OF DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) IMMEDIATE CAU	THE WAS DECEASED EVER IN U.S. ARMED FORCES? INDUSTRIAL DIES SOCIAL SECURITY NO INFORMANT ADDRESS INFORMANT ADDRESS INFORMANT INFORMANT INFORMANT INFORMANT ADDRESS INFORMANT IN	40.7	1 1	FIRST							LA	ST
(YES, NO OR UNKNOWN) NO 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), if the part I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), storing the underlying couse (a), storing the underlying couse (b).	(YES, NO OR UNKNOWN) NO 216-46-1573 Dr. William Waterman Sinsbury. Conn. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF Couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	(YES, NO OR UNKNOWN) NO 216-46-1573 Dr. William Waterman Sinsbury. Conn. APPROXIMATE INTER PART I. DEATH (Enter only one couse per line for (a), (b), and (c), and	VES. NO OR UNKNOWN (F YES, GNE WAR OR DATES) 216-46-1573 DT. William Waterman Sinsbury Conn.	(YES, NO OR UNKNOWN) NO 216-46-1573 Dr. William Waterman Sinsbury. Conn. Conn.	The triple of the triple of	100						Rosina				250
NO 216-46-1573 Dr. William Waterman Sinsbury, C 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), NO 216-46-1573 Dr. William Waterman Sinsbury, Conn. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF UNDERTOR OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	NO 216-46-1573 Dr. William Waterman Sinsbury. Com. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), storing the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 19 DATE OF OPERATION 19 CONDITION FOR WHICH OPERATION WAS PERFORMED 21 DATE OF OPERATION 22 DATE OF OPERATION 23 DATE OF OPERATION 24 DATE OF OPERATION 25 DATE OF OPERATION 26 DATE OF OPERATION 27	NO 216-46-1573 Dr. William Waterman Sinsbury, Conn. APPROXIMATE INTER EXTIMEN ONSELAND PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse toi, stating the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o) 19th DATE OF OPERATION 19th CONDITION FOR WHICH OPERATION WAS PERFORMED 21th ACCIDENT WAS UNDERLYING OR OAL SES OF DEATH OR CONTRIBUTING CAUSE OF DEATH POR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH POR CONTRIBUTION CONTRIBUTION CAUSE OF DEATH POR CONTRIBUTION CAUSE OF DEATH POR CONTRIBUTION CAUSE OF DEATH POR CONTRIBUTION CAUSE OF DEATH POR	NO 216-46-1573 Dr. William Waterman Sinsbury. Com. APPOXIMATE PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE OF DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse lost. (b) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 To 1 PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 216 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING CAUSES OF DEATH (FETHER, NOTEY MEDICAL EXAMINER) 216 PLACE OF INJURY 216 INJURY OCCURRED 216 INJURY OCCURRED 217 INJURY OCCURRED 218 PLACE OF INJURY 218 PLACE OF INJURY 219 INJURY OCCURRED 210 INJURY OCCURRED 210 INJURY OCCURRED 210 INJURY OCCURRED 211 INJURY OCCURRED 212 INJURY OCCURRED 213 INJURY OCCURRED 214 INJURY OCCURRED 215 PLACE OF INJURY 216 PLACE OF INJURY 217 INJURY OCCURRED 218 INJURY OCCURRED 219 PLACE OF INJURY 210 INJURY OCCURRED 210 INJURY OCCURRED 210 INJURY OCCURRED 210 INJURY OCCURRED 211 INJURY OCCURRED 212 INJURY OCCURRED 213 INJURY OCCURRED 214 INJURY OCCURRED 215 INJURY OCCURRED 216 INJURY OCCURRED 217 INJURY OCCURRED 218 INJURY OCCURRED 219 INJURY OCCURRED 210 INJURY OCCURRED 210 INJURY OCCURRED 211 INJURY OCCURRED 211 INJURY OCCURRED 212 INJURY OCCURRED 213 INJURY OCCURRED 214 INJURY OCCURRED 215 INJURY OCCURRED 216 INJURY OCCURRED 217 INJURY OCCURRED 218 INJURY OCCURRED 219 INJURY OCCURRED 210 INJURY OCCURRED 210 INJURY OCCURRED 210 INJURY OCCURRED 211 INJURY OCCURRED 211 INJURY OCCURRED 212 INJURY OCCURRED 213 INJURY OCCURRED 214 INJURY OCCURRED 215 INJURY OCCURRED 216 INJURY OCCURRED 217 INJURY OCCURRED 218 INJURY OCCURRED 219 INJURY OCCURRED 210 INJURY OCCURRED 210 INJURY OCCURRED 210 INJURY OCCURRED 211 INJURY OCCURRED 211 INJURY OCCURRED 212 INJURY OCCURRED 213 INJURY OCCURRED 214 INJURY OCCURRED 215 INJURY OCCURRED 216 INJURY OCCURRED 217 INJURY OCCURRED 218 INJURY OCCURRED 218 INJURY OCCURRED 219 INJURY OCCURRED 210 INJURY OCCURRED 210 I	NO 216-46-1573 Dr. William Waterman Sinsbury, Conn. APPROXIMATE AND PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (b) and ic. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse to i, storing the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART IIo PART 2 OTHER SIGNIFICANT CONDITIONS FOR WHICH OPERATION WAS PERFORMED 216 ACCIDENT WAS UNDERLYING OR CONTRIBUTION OF WHICH OPERATION WAS PERFORMED 216 ACCIDENT WAS UNDERLYING OR CONTRIBUTION OF OR WHICH OPERATION WAS PERFORMED 216 ACCIDENT WAS UNDERLYING OR CONTRIBUTION OF OR WHICH OPERATION WAS PERFORMED 216 ACCIDENT WAS UNDERLYING OR CONTRIBUTION OF OR WHICH OPERATION WAS PERFORMED 216 ACCIDENT WAS UNDERLYING OR CONTRIBUTION OF OR WHICH OPERATION WAS PERFORMED 216 ACCIDENT WAS UNDERLYING OR CONTRIBUTION OF OR WHICH OPERATION WAS PERFORMED 216 ACCIDENT WAS UNDERLYING OR CONTRIBUTION OF OR WHICH OPERATION WAS PERFORMED 216 ACCIDENT WAS UNDERLYING OR CONTRIBUTION OF OR WHICH OPERATION WAS PERFORMED 216 ACCIDENT WAS UNDERLYING OR CONTRIBUTION OF OR WHICH OPERATION WAS PERFORMED 217 ACCIDENT WAS UNDERLYING OR CONTRIBUTION OF OR WHICH OPERATION WAS PERFORMED 218 ACCIDENT WAS UNDERLYING OR CONTRIBUTION OF OR WHICH OPERATION WAS PERFORMED 219 ACCIDENT WAS UNDERLYING OR CONTRIBUTION OF OR WHICH OPERATION WAS PERFORMED 210 AUTORY MEDICAL EXAMINER; P.M. 19 211 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN HEM 18, PART 1 OR PART 2) 211 ACCIDENT WAS UNDERLYING OR CONTRIBUTION OF OR WHICH OPERATION WAS PERFORMED 212 ACCIDENT WAS UNDERLYING OR CONTRIBUTION OF OR WHICH OPERATION WAS PERFORMED 216 ACCIDENT WAS UNDERLYING OR CONTRIBUTION OF OR WHICH OPERATION WAS PERFORMED 217 ACCIDENT WAS UNDERLYING OR CONTRIBUTION OF OR WHICH OPERATION WAS PERFORMED 218 ACCIDENT WAS UNDERLYING OR CONTRIBUTION OF OR WHICH OPERATION WAS PERFORMED 219 ACCIDENT WAS UNDERLYING OR CONTRIBUTION OF OR	The The	160	WAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	JRITY NO	17 INFORMANT	ADDR	ESS			
II CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a). Stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19th DATE OF OPERATION 19th CONDITION FOR WHICH OPERATION WAS PERFORMED 21d. ACCIDENT WAS UNDERLYING 21d. ACCIDENT WAS UNDERLYING 21d. ACCIDENT WAS UNDERLYING 21d. TIME OF INJURY HOUR AM MONTH DAY YEAR 21d. HOW INJURY OCCURRED (ENTERNATURE OF INJURY INTERM 18, PART) OR PART 2)	18 CAUSE OF DEATH lEnter only one couse per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), storing the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART 1(a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART 1(a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART 1(a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART 1(a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART 1(a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS USED TO THE TER	PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse last. DUE TO, OR AS A CONSEQUENCE OF Underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 To: PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 To: 1% DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 21% ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH OR CONDITION GIVEN IN PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH OR CAUSE OF DEATH OF RAME OF INJURY OR CONTRIBUTING CAUSE OF DEATH OF RAME OF INJURY OR CONTRIBUTING CAUSE OF DEATH OF RAME OF INJURY OR CONTRIBUTING CAUSE OF DEATH OF RAME OF INJURY OR CONTRIBUTING CAUSE OF DEATH OF RAME OF INJURY OR CONTRIBUTING CAUSE OF DEATH OF RAME OF INJURY OR CONTRIBUTING CAUSE OF DEATH OF RAME OF INJURY OR CONTRIBUTING CAUSE OF DEATH OF RAME OF INJURY OR CONTRIBUTING CAUSE OF DEATH OF RAME OF INJURY OR CONTRIBUTING CAUSE OF DEATH OF RAME OF INJURY OR CONTRIBUTING CAUSE OF DEATH OF RAME OF INJURY OR CONTRIBUTING CAUSE OF DEATH OF RAME OF INJURY OR CONTRIBUTING CAUSE OF DEATH OF RAME OF INJURY OR CONTRIBUTING CAUSE OF DEATH OF RAME OF INJURY OR CONTRIBUTING CAUSE OF DEATH OF RAME OF INJURY OR CONTRIBUTION COUNTY OR COUNTY OR CONTRIBUTION COUNTY OR COUNTY OR COUNTY OR COUNTY OR COUNTY OR COUNTY OR COUNTY OR COUNTY OR COUNTY OR COUNTY OR COUNTY OR COUNTY OR COUNT	1	-		VE WAR OR DATES!	216-46-	1573	Dr. William I	Waterman	Sinchur	ru Co	nn
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoling the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF	PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c)	PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate covide (a), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 1% DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 19 216 INJURY OCCURRED 217 PLACE OF INJURY 218 PLACE OF INJURY 219 IL LOCATION STEEL CONDITION COUNTY STEEL CONTRIBUTION COUNTY PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I (a) PART 2 OTHER	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), storing the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1701 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1701 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1701 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1701 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1701 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1701 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1701 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1701 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1701 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1701 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1701 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1701 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1701 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION TO			In accordance to				JET WILLIAM	Macerman	O THIS DUI	APPROX	CANADANA	
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stohing the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse iol, storing the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/o PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/o 1% DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 208 AUTOPSY? 216 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 45 NO 217 HOUR AM MONTH DAY YEAR 217 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stohing the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN TERMINAL	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1001 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1001 1% DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 20% AUTOPSY? 20% IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTION CON	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse last. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 1% DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 2 1/2 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTE TY MEDICAL EXAMINER) 2 1/2 IN JURY OCCURRED WHILE AT WORK 2 1/2 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 2 1/2 PLACE OF INJURY STREET CITY OR TOWN COUNTY COU	<u>ه</u>		PART I. DEATH WAS CAUS	inly one couse per SED BY	line for (a), (b), one	id (C), I				BETWEEN	ONSET AND D
Conditions, if ony, which gove rise to immediate couse (a), stohing the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF	Conditions, if ony, which gove rise to immediate cause to immediate cause to isothing the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	Conditions, if ony, which gove rise to immediate couse 101, storing the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 PART 2 OTHER SIGNIFICANT CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 PART 2 OTHER SIGNIFICANT CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION TO THE TERMINAL DISEA	Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION TO THE TERMIN	Conditions, if ony, which gove rise to immediate couse individual couse individual couse individual couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED. PART 2 OTHER SIGNIFICANT CONTRIBUTION WAS PERFORMED. PART 2 OTHER SIGNIFICANT CONTRIBUTION WAS PERFORMED. PART 2 OTHER SIGNIFICANT CONTRIBUTION WAS PERFORMED.	Conditions, if ony, which gover rise to immediate couse 101, storing the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (or 1 to 1 to 1 to 1 to 1 to 1 to 1 to 1					17	ten	~ whiq			121	Kon
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF	Conditions, if ony, which gove rise to immediate cause to immediate cause to isothing the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	Conditions, if ony, which gove rise to immediate couse 101, storing the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 PART 2 OTHER SIGNIFICANT CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 PART 2 OTHER SIGNIFICANT CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION TO THE TERMINAL DISEA	Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 101 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 101 1% DATE OF OPERATION 1% CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 208 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH OR CONTRIBUTING CAUSES OF DEATH OR CONTRIBUTING CAUSES OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTION CONTR	Conditions, if ony, which gove rise to immediate couse (a), stating lihe underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF LOST OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10:1 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10:1 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEATH OF PART 10:1 YES NO PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED 21a ACCIDENT WAS UNDERLYING OF INJURY 4 OR CONTRIBUTING CAUSE OF DEATH OF AM. MONTH DAY YEAR 21c HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN 11EM 18, PART 1 OR PART 2) 21d INJURY OCCURRED 21d PLACE OF INJURY 21d INJURY OCCURRED 21d PLACE OF INJURY 21l LOCATION CIVIOLOGY COUNTY COUNTY 21l COLONION COUNTY CO	Conditions, if ony, which gove rise to immediate couse [a], stoting the underlying couse [ast]. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED PART	5		1620	0.45.50.0		THICK OF					
gove rise to immediate couse (a), stohing the DUE TO, OR AS A CONSEQUENCE OF underlying couse last.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 101	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 TO 1 1% DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 20	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 101 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF INJURY 2110 ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF INJURY 310 ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF INJURY 4110 ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF INJURY 4120 ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF INJURY 4131 ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF INJURY 4140 ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF INJURY 4151 ACCIDENT WAS UNDERLYING OR CONTRIBUTION OF INJURY 4160 ACCIDENT WAS UNDERLYING OR CONTRIBUTION OF INJURY 4161 ACCIDE	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10:1 1% DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 20% AUTOPSY? 20% IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEATH OF CONDITION FOR WHICH OPERATION WAS PERFORMED 21% ACCIDENT WAS UNDERLYING OF CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) 21% PLACE OF INJURY 21% INJURY OCCURRED 21% INJURY OCCURRED 21% PLACE OF INJURY 21% INJURY OCCURRED 21% INJURY OCCURRE	QOVE rise to immediate couse (a), storing the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED 190 DATE OF OPERATION 190 LOCATION 190 CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTE TY MEDICAL EXAMINER) P.M. 19 216 INJURY OCCURRED 218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET CITY OR TOWN COUNTY S 190 COUNTY S 190 CONTRIBUTION COUNTY S 190 COUNTY	5		701	DUE TO, O	R AS A CONSEQUE	ENCEOF		7.7		160	10
underlying cause last	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/01 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/01 1% DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 21% ACCIDENT WAS UNDERLYING 21% ACCIDENT WAS UNDERLYING 21% TIME OF INJURY HOUR A M. MONTH. DAY, YEAR 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 1% DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 20% AUTOPSY? 20% IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1001 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDINGS USEIN CERTIFYING CAUSES OF DEATH OF PART 1001 YES NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (or 1) or 2 (or 2) or 2	D			(b)	201	1 ((11100	3161	_	- 0.	127
underlying couse last.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED 19th DATE OF OPERATION 19th CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 10th DATE OF OPERATION 19th CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 10th DATE OF OPERATION 19th CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 10th DATE OF OPERATION 10th DATE OF O	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 190 DATE OF OPERATION 191 DATE OF OPERATION 190 DATE OF O	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEATH OR CAUSES OF DEATH OR CONTRIBUTING CAUSES OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 216 INJURY OCCURRED 216 PLACE OF INJURY 216 INJURY OCCURRED 216 PLACE OF INJURY 217 PLACE OF INJURY AT WORK NOTWHILE AT WORK 107 COUNTY STREET CITY OR TOWN COUNTY STREET CITY OR TOWN COUNTY STREET CITY OR TOWN COUNTY STREET CITY OR TOWN COUNTY STREET CITY OR TOWN COUNTY STREET CITY OR TOWN COUNTY STREET COUNTY STREET CITY OR TOWN COUNTY COUNTY COUNTY STREET CITY OR TOWN COUNTY COUN				DUE TO O	R AS A CONSEQUE	ENCE OF					
		O TO THE OF OPERATION THE CONDITION FOR WHICH OPERATION WAS PERFORMED TO THE CHARLES OF DEATH OF THE CHARLES OF	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 208 AUTOPSY? 208 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO YES NO YES NO CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 199 216 (IF EITHER, NOTHY MEDICAL EXAMINER) P.M. 19 211 LOCATION CURRED (IN CERTIFY CONTRIBUTION OF COURSED CONTRIBUTION OF COURSED CONTRIBUTION OF COURSED	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEAT YES NO YES NO 210 AUTOPSY? 200 IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEAT YES NO 2110 ACCONTRIBUTING CAUSE OF INJURY DECONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 210 110 INJURY OCCURRED 210 PLACE OF INJURY 211 LOCATION 211 LO	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IN CERTIFYING CAUSES OF DEAL YES NO 216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTEY MEDICAL EXAMINER) P.M. 19 216 INJURY OCCURRED 216 PLACE OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 216 INJURY OCCURRED 216 PLACE OF INJURY STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY S			underlying cause last.		hue	I. V	& Sinke			124	ren
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART		O TO THE OF OPERATION THE CONDITION FOR WHICH OPERATION WAS PERFORMED TO THE CHARLES OF DEATH OF THE CHARLES OF	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 208 AUTOPSY? 208 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO YES NO CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 216 INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216 INJURY OCCURRED 216 INJURY OCCURRED 217 PLACE OF INJURY 217 LOCATION STEET	DESCRIPTION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 208 AUTOPSY? 208 IF YES, WERE FINDINGS USEI IN CERTIFYING CAUSES OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTION CONTR	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH OR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH OR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH OR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTION			PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVE	N IN PART 1	01
- Z	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO YES NO 216 AUTOPSY? 216 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)	HOUR AM MONTH DAY YEAR I	OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 19 214 INJURY OCCURRED 218 PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STEELY COUNTY STEELY CITY OF TOWN COUNTY COUNTY STEELY CITY OF TOWN COUNTY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR [IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 210 PLACE OF INJURY 211 LOCATION STREET CITY OF TOWN COUNTY STREET	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR LIFETINER, NOTIFY MEDICAL EXAMINER) P.M. 19 214 INJURY OCCURRED WHITE AT WORK NOT WHITE AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY S	>	Z		20.101110110			TO THE TENN	THE BIOLINGS ON CO.				
A PAY OF OUR DATION USE CONDITION FOR WHICH OREBATION WAS PERFORMED. Jan. AUTORSY2. Tab. IN YES WERE SIN	THE CONDITION FOR WHICH OPERATION WAS PERFORMED 100 100	HOUR AM MONTH DAY YEAR I	OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 19 214 INJURY OCCURRED 218 PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STEELY COUNTY STEELY CITY OF TOWN COUNTY COUNTY STEELY CITY OF TOWN COUNTY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR [IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 210 PLACE OF INJURY 211 LOCATION STREET CITY OF TOWN COUNTY STREET	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR LIFETINER, NOTIFY MEDICAL EXAMINER) P.M. 19 214 INJURY OCCURRED WHITE AT WORK NOT WHITE AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY S	2 9	ΙĚ	MAL DATE OF OREBATION	TIBL CONID	ITION FOR WHICH	OPERATION	NI WAS BERSONALD	Tan- AUTORSY2	Tan IE VES	MEDE SINIDA	NCEUSED	
IN CERTIFYING CAU	YES NO YES NO YES NO 216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART) OR PART 21	HOUR AM MONTH DAY YEAR I	OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 19 214 INJURY OCCURRED 218 PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STEELY COUNTY STEELY CITY OF TOWN COUNTY COUNTY STEELY CITY OF TOWN COUNTY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR [IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 210 PLACE OF INJURY 211 LOCATION STREET CITY OF TOWN COUNTY STREET	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK AT WORK AT WORK NOT WHILE AT WORK AT WORK ON THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STREET	5 64	5	THE DATE OF OPERATION	748 COND	TION FOR WHICH	OFERATIO	WAS PERFORMED	100 AUTOFST	IN CERTIFY	ING CAUSES	OF DEATH	
YES NO YES	216 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)	HOUR AM MONTH DAY YEAR I	OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 19 211 LOCATION 211 LOCATION AND PLACE CITES INJURY STEEL CAYOR DAWN COUNTY STEEL CITY OR TOWN COUNTY CITY OR TOWN CITY OR T	OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 19 211 INJURY OCCURRED 210 PLACE OF INJURY CHINDS STREET CHYOLOGY COUNTY STREET CHYOLOGY CHY	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER: NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE AT WORK ONTWHILE AT WORK ONTWH		E						YES NO	YES		NO 🗆
216 ACCIDENT WAS UNDERLYING 1815. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART	LI LIOUR AND MODELLE TO ME AND	HOUR AM MONTH DAY YEAR I	OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 19 214 INJURY OCCURRED 216 PLACE OF INJURY 217 PLACE OF INJURY 218 PLACE OF INJURY 218 PLACE OF INJURY 218 PLACE OF INJURY 218 PLACE OF INJURY 218 PLACE OF INJURY 219 PLACE OF INJURY 210 PLACE OF INJURY 210 PLACE OF INJURY 211 PLACE OF INJURY 212 PLACE OF INJURY 213 PLACE OF INJURY 214 PLACE OF INJURY 215 PLACE OF INJURY 217 PLACE OF INJURY 218 PLACE OF INJURY 218 PLACE OF INJURY 219 PLACE OF INJURY 210 PLACE OF INJURY 210 PLACE OF INJURY 211 PLACE OF INJURY 212 PLACE OF INJURY 213 PLACE OF INJURY 214 PLACE OF INJURY 215 PLACE OF INJURY 217 PLACE OF INJURY 218 PLACE OF INJURY 218 PLACE OF INJURY 219 PLACE OF INJURY 210 PLACE OF INJURY 210 PLACE OF INJURY 210 PLACE OF INJURY 210 PLACE OF INJURY 211 PLACE OF INJURY 211 PLACE OF INJURY 212 PLACE OF INJURY 213 PLACE OF INJURY 214 PLACE OF INJURY 215 PLACE OF INJURY 217 PLACE OF INJURY 218 PLACE OF INJURY 218 PLACE OF INJURY 219 PLACE OF INJURY 210 PLACE OF INJURY 210 PLACE OF INJURY 210 PLACE OF INJURY 210 PLACE OF INJURY 211 PLACE OF INJURY 212 PLACE OF INJURY 213 PLACE OF INJURY 214 PLACE OF INJURY 215 PLACE OF INJURY 217 PLACE OF INJURY 218 PLACE OF INJURY	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 214 INJURY OCCURRED 216 PLACE OF INJURY (17 OR TOWN MONTH DAY YEAR 19 211 LOCATION (17 OR TOWN COUNTY MEDICAL EXAMINER) 212 LOCATION (17 OR TOWN COUNTY MEDICAL EXAMINER)	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE AT WORK NOT HIS PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l LOCATION STREET CITY OR TOWN COUNTY S COUNTY S	(3	8				WE . F	216 HOW INJURY OCCURE	RED LENTER NATURE OF INJU	RY IN ITEM 18, PAF	RT I OR PART 2)	
HOUR AM MONTH DAY YEAR	HOUR AM MONTH DAY YEAR I		214 INJURY OCCURRED 218 PLACE OF INJURY 211 LOCATION 211	211 INJURY OCCURRED 1216 PLACE OF INJURY 1211 LOCATION STEEL CITY OF TOWN COUNTY ST	21d INJURY OCCURRED 21d INJURY OCCURRED WHILE NOT WHILE AT WORK NOT	7			CAIN							
U (FEITHER, NOIST MEDICAL EXAMINER) P.M. 19	/ 1 < 1 record page 200 cm = 2	U (IF CITTER, NOTET MEDICAL EXAMINER) P.M. 19	THE PLACE OF INJURY (AI HOME STREET FACTORY OFFICE FARM BIC.) STREET CITY OR TOWN COUNTY ST	WHILE ON WHILE AT WORK OF ALL OF INJUST (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	WHILE NOT WHILE AT WORK OF ALL WORK COUNTY STREET, FACTORY, OFFICE, FARM, ETC.)		Š			** *	19	211 LOCATION				- 15
	4 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19		What Controlled the state of th	ATWORF O ATWORF O	AT WORK		l ¥		(AT HOME, STI	REET, FACTORY, OFFICE, F	FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STA
(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OF TOWN COUNTY	(If EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21a PLACE OF INJURY 211 LOCATION CITYOR TOWN COUNTY STREET	ZII INJURT OCCURRED ZIII PLACE OF INJURY ZIII LOCATION STREET CITY ORTOWN COUNTY ST	AT WORK AT WORK	NI TURN			`	AT WORK							-	
B CO B CO BY CONTROL OF CHAPPED 1216 PLACE CAS INCIDENT. THE BY CONTROL OF CO	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19			WHILE D NOTWHILE D	AT WORK		1 2		(AT HOME STE	OF INJURY	FARM STC 1	STREET	CITY OF TO	WN	COUNTY	SY
AT WORK At WORK 27a I certify that (I) (this hospital) attended the deceased from 1965 to 1-14-19	(IF EITHER: NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 21d INJURY OCCURRED 21d PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21d LOCATION STREET CITY OR TOWN COUNTY ST. 22d I certify that (I) (this hospital) oftended the disceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	22a I certify that (I) (this haspital) oftended the deceased from 1965, to 7-14-19, that (I) (v	22a I certify that (I) (this hospital) attended the deceased from 1965, to 1-14-19, that (I) (v	27a certify that (I) (this hospital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19		N	1	saw the deceased alive a	0 6	25- 10 5	20	d that in (my) (our) onicion	death accurred on the	late and have	and from the	course
20 I certify that (I) (this hospital) attended the deceased from 19 to 144 19 8	(If EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 27d I certify that (I) (this hospital) attended the deceased from 19 27d I certify that (I) (this hospital) attended the deceased from 19 27d I certify that (I) (this hospital) attended the deceased from 19 27d I certify that (I) (this hospital) attended the deceased from 19 27d I certify that (I) (this hospital) attended the deceased from 19 27d I certify that (I) (this hospital) attended the deceased from 19 27d I certify that (I) (this hospital) attended the deceased from 19 27d I certify that (I) (this hospital) attended the deceased from 19 27d I certify that (I) (this hospital) attended the deceased from 19 27d I certify that (I) (this hospital) attended the deceased from 19 27d I certify that (I) (this hospital) attended the deceased from 19 27d I certify that (I) (this hospital) attended the deceased from 19 27d I certify that (I) (this hospital) attended the deceased from 19 27d I certify that (I) (this hospital) attended the deceased from 19 27d I certify that (I) (this hospital) attended the deceased from 19 27d I certify that (I) (this hospital) attended the deceased from 19 27d I certify that (I) (this hospital) attended the deceased from 19 27d I certify that (I) (this hospital) attended the deceased from 19 27d I certify that (I) (this hospital) attended the deceased from 19 27d I certify that (I) (this hospital) attended the deceased from 19 27d I certify that (I) (this hospital) attended the deceased from 19 27d I certify that (I) (this hospital) attended the deceased from 19 27d I certify that (I) (this hospital) attended the deceased from 19 27d I certify that (I) (this hospital) attended the deceased from 19 27d I certify that (I) (this hospital) attended the deceased from 19 27d I certify that (I) (this hospital) attended the deceased from 19 27d I certify that (I) (this hospital) attended the deceased from 19 27d I certify that (I) (this hospital) attended the deceased f	27a certify that (I) (this hospital) attended the deceased from 19, 19, to 145, 19, that (I) (vicinity tha	22a I certify that (I) (this hospital) attended the deceased from 1965, to 1965, to 1966, that (I) (v	27 12 Certify that (I) (this hospital) attended the deceased from 19 5 and that in (mx) (aux) anyting death accurred as the date and how and from the accurred	sow the deceased give an G-25-19 \$ 2 and that in (my) (gur) against death arguing deat	E					. 01	a mar in this / toor / opinion t	acom occorred on the c	ore und nour	ond from the	cooses sto
27a I certify that (I) (this hospital) attended the deceased from 19 to	(If EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 216 INJURY OCCURRED WHILE NOTE WHILE NOTE WHILE AT WORK 17 WORK 218 I certify that (I) (this hospital) ottended the deceased from 19 sow the deceased alive on 19 19 20 ond that in (my) (our) opinion death accurred an the date and hour and from the causes start.	27a I certify that (I) (this hospital) attended the deceased from 19, 19, to 149, 19, that (I) (w	226 I certify that (I) (this hospital) ottended the deceased from 19 to	20 1 certify that (1) (this hospital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	saw the deceased alive on	=		276 SIGNATURE				DEGREE		1000	271 DATE	SIGNED
27a I certify that (I) (this hospital) attended the deceased from 19 to	(If EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED WHILE NOTWHILE AT WORK AT WORK 22a I certify that (I) (this hospital) ottended the deceased from sow the deceased alive on above. (I) (and other deceased alive on above. (I) (and other deceased dive on above of the deceased dive on the deceased	27a I certify that (I) (this hospital) attended the deceased from 19, 19, to 149, 19, that (I) (w	226 I certify that (I) (this hospital) ottended the deceased from 19 to	270 I certify that (I) (this hospital) attended the deceased from 19 19 to 19 19 that (I) (3 sow the deceased alive on 19 19 19 on that in (my) (our) opinion death accurred an the date and hour and from the causes structured in the date and hour and structured in the d	saw the deceased alive on	=		11 ()	-				MEDICAL CT	cc	1 0 0 0	
22a I certify that (I) (this hospital) attended the deceased from 19 to	(If EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED WHILE NOTWHILE AT WORK AT WORK 22a I certify that (I) (this hospital) ottended the deceased from saw the deceased alive on above, (I) two (ed-b) (did not) view the body after death. 22b I certify that (I) (this hospital) ottended the deceased from sow the deceased alive on above, (I) two (ed-b) (did not) view the body after death. DEGREE 22c DATE SIGNED	27a I certify that (I) (this hospital) attended the deceased from 19, 19, to 149, 19, that (I) (w	27a I certify that (I) (this hospital) ottended the deceased from 19 to	22a I certify that (I) (this hospital) ottended the deceased from 19 to 19 that (I) (sow the deceased alive on 19 ond that in (my) (our) opinion death accurred on the date and hour and from the causes st above. (I) (was (did laid not) view the body after death. DEGREE 22c. DATE SIGNED	saw the deceased alive on			1/1/1	7			PHYSICIAN SE	DIRECTOR PHYSI	CIAN	7-	41-8
AT WORK AT WORK 22a I certify that (I) (this hospital) attended the disceased from 19 19 19 10 19 19 19 19 19 19 19 19 19 19 19 19 19	P.M. 19 216 INJURY OCCURRED 216 PLACE OF INJURY 211 LOCATION STREET CITYORTOWN COUNTY ST. AT WORK AT WORK	AT WORK A WORK A AT A A A A A A A A A A A A A A A A A	27a I certify that (I) (this hospital) attended the deceased from 19 65, to 144 19 65, that (I) (w	you the decorated abuse on the first term of the second of	sow the deceased alive on		4	THE PHYSICIAN'S NAME	CH FEMILE				O INCCION E PRITSI	-17.17		
27a I certify that (I) (this hospital) attended the deceased from 19 to 19 saw the deceased alive on above. (I) (sub (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	P.M. 19 P.M.	27e I certify that (I) (this hospital) ottended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	27a certify that (I) (this hospital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	saw the deceased alive an obove. (1) (word (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN TO THE COURSE STAFF PHYSICIAN DIRECTOR PHYSICIAN TO THE COURSE STAFF PHYSICIAN DIRECTOR PHYSICIAN TO THE COURSE STAFF PHYSICIAN DIRECTOR PHYSICIAN TO THE COURSE STAFF PHYSICIAN TO THE COURSE STA	above, (I) (was (d-b) (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 7	1		2018 (1) 20 (0) 10 (0) 10 (0) (0) (0) (0) (0)	Contract of the Contract of th	The Name of Street, St		118 MUDKESS				
27a I certify that (I) (this hospital) attended the deceased from 19 10 10 10 10 10 10 10 10 10 10 10 10 10	P.M. 19 216 INJURY OCCURRED 216 PLACE OF INJURY 211 LOCATION STREET CITYORTOWN COUNTY ST. AT WORK AT WORK	27a I certify that (I) (this hospital) attended the deceased from 19, to 145, to 15, that (I) (w	27a I certify that (I) (this hospital) ottended the decessed from 19 5, to 144 19 5, that (I) (w	you the deceased abuse on G = 2/= 10 S S and that is (say) found as such as well as and to say the say	saw the deceased alive on above. (1) (saw (declared not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN S NAME (THE OFFILM) 220. DATE SIGNED 221. DATE SIGNED 222. DATE SIGNED 223. DATESS	-		K.A. Feter	van Berk	cum, M.D.		3925 Beech As	re. Balto	Md.		
278 PHYSICIAN S NAME (TYPE OF THILL) 278 I certify that (I) (this hospital) attended the deceased from	P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY AT WORK NOT WHILE AT WORK AT WOR	272 I certify that (I) (this hospital) attended the disceased from 19 , to 19 , to 19 , that (I) (we saw the deceased alive on above, (I) (we) (d-b) (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN SNAME (THEOREM) 272 ADDRESS 273 ADDRESS	276 Certify that (h) (this hospital) attended the deceased from 19 20, and that in (my) (our) opinion death accurred an the date and hour and from the causes sto above. (h) (may (di-la) (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 21-8	saw the deceased alive on obove, (1) (we) (did (did not) view the body after death. 19 ond that in (my) (our) opinion death accurred an the date and hour and from the causes st obove, (1) (we) (did (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1 220 ADDRESS	obove, (I) (and (did not) view the body ofter deoth. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHY	_	23-	<u> </u>			NAME OF C			11(1)		
270 Certify that (h) (this hospital) attended the deceased from 19 , ond that in (my) (our) apinion death accurred an the date and hour and from above, (h) (mo) (districted not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN NAME (THE CHARLE) 3925 Beech Ave. Balto., Md.	If Either, NOTIFY MEDICAL EXAMINER P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY ST. AT WORK NOTIFY IN THE COUNTY ST. AT WORK NOTIFY IN THE COUNTY ST. AT WORK NOTIFY IN THE COUNTY ST. AT WORK NOTIFY MEDICAL STREET CITY OR TOWN COUNTY ST. AT WORK NOTIFY MEDICAL STAFF 19 Notify In the County Notify In the Coun	270 I certify that (I) (this hospital) attended the deceased from 19 to 19 to 19 that (I) (we saw the deceased alive on above, (I) (word (distriction of the body after death.) 270 I certify that (I) (this hospital) attended the deceased from 19 ond that in (my) (our) opinion death accurred an the date and hour and from the causes sto above, (I) (word (distriction of the body after death.) 271 I SIGNATURE 2	27a I certify that (I) (this hospital) ottended the deceased from 19 10 10 19 19 19 19 19 19 19 19 19 19 19 19 19	sow the deceosed alive on the dots and hour ond from the causes stop obove. (I) (sour (d-th) (did not) view the body ofter deoth. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 2126 ADDRESS 1226 ADDRESS 3925 Beech Ave. Balto., Md.	obove, (1) (max (d-b) (did not) view the body ofter deoth. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN SHAME (TYPE OF THE) 170 ADDRESS 3925 Beech Ave. Balto., Md.		130.	SPECIFY)	Z30. DATE	130 1	AWNE OF C	LMETERT OR CREMATORY	CITY OR TOWN	(YTHUOS	STAT
22a I certify that (I) (this hospital) ottended the disceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	If Either, NOTIFY MEDICAL EXAMINER P.M. 19	22a I certify that (I) (this hospital) oftended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	22a certify that (h) (this hospital) ottended the deceased from 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN SNAME INTEGRALID 1716 ADDRESS ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR MEDICAL STAFF PHYSICIAN SNAME INTEGRALID 1716 ADDRESS 1716 ADDRESS 1716 ADDRESS 1716 ADDRESS 1716 ADDRESS 1716 ADDRESS 1717 PHYSICIAN SNAME INTEGRALID 1718 ADDRESS 1718 BURIAL CREMATION REMOVAL 1236 DATE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN SNAME INTEGRALID 170 ADDRESS ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D			Burial	July 1	22.1980	Loud	don Park	Baltim	ore Ci	tw Mar	nulan
270 I certify that (I) (this hospital) attended the disceased from 19 19 10 10 19 19 20 10 19 20	If Either, NOTIFY MEDICAL EXAMINER) P.M. 19 216 PLACE OF INJURY AT WORK NOTIFY that (I) (this hospital) oftended the deceased from	22a I certify that (I) (this hospital) attended the deceased from 19 to 19 to 19 to 19 that (I) (we saw the deceased alive on above, (I) (we deducted alive on above,	22a I certify that (I) (this hospital) attended the deceased from 19 , and that in (my) (our) apinion death accurred an the date and hour and from the causes sto above. (I) (was (d-1) (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN STAFF PHYSICIAN	Obove. (I) (and late idea in the body offer death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSI	Obove. (I) (and late idea in the body offer death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DIREC		24 F						E.REC'D. BY REGISTRAF	256. REGISTR	AR'S SIGNA	URE.
22a I certify that (I) (this hospital) attended the deceased from Sow the deceased alive on above. (I) (more decided not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR P	19 19 19 19 19 19 19 19	22a I certify that (I) (this hospital) oftended the deceased from sow the deceased alive on obove. (I) (we declared a live of the body ofter death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 12a ADDRESS 3925 Beech Ave. Balto. Md. 23a BURIAL CREMATION, REMOVAL 13b DATE 13c NAME OF CEMETERY OR CREMATORY Burial July 22.1980 Loudon Park Baltimore City, Marvylan	27a certify that (I) (this hospital) oftended the deceased from 19 ond that in (my) (our) opinion death accurred on the date and hour and from the causes sto obove. (I) (wo (declided not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN SNAME (INFORMATION, M.D. 120. BURIAL CREMATION, REMOVAL 121. DATE SIGNED 122. BURIAL CREMATION, REMOVAL 123. BURIAL CREMATION, REMOVAL 123. DATE 124. NAME OF CEMETERY OR CREMATORY 125. DATE 126. DATE 127. NAME OF CEMETERY OR CREMATORY 128. BURIAL CREMATION, REMOVAL 129. DATE 129. D	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN SNAME (INFORMATION, M.D. 120. ADDRESS W. Feter van Berkum, M.D. 121. BURIAL CREMATION, REMOVAL 121. DATE 121. NAME OF CEMETERY OF CREMATORY 121. LOCATION CITY OF TOWN COUNTY ST. Burial July 22.1980 Loudon Park Baltimore City, Marylan	M		NAME		ADORESS O.	שני שטכ	DIK KU.	7 3 1980	provide from	Alberta	- Capital
276 I certify that (I) (this hospital) attended the disceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	19 19 19 19 19 19 19 19	27a I certify that (I) (this hospital) ottended the deceased from 19 to 19 that (I) (we saw the deceased alive on above, (I) (and (arth (did not) view the body after death.) DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICI	27a I certify that (I) (this hospital) ottended the deceased from 19 19 10 19 19 19 19 19 19 19 19 19 19 19 19 19	sow the deceosed alive on above. (I) (see (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN OF DIRECTOR	Obove, (I) (Mass) (distribution of view the body ofter deoth. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DIR	79	Mit	chell-Wiedefel	d Home,	Inc. B:	alto.	Md.	F 10 1000			-

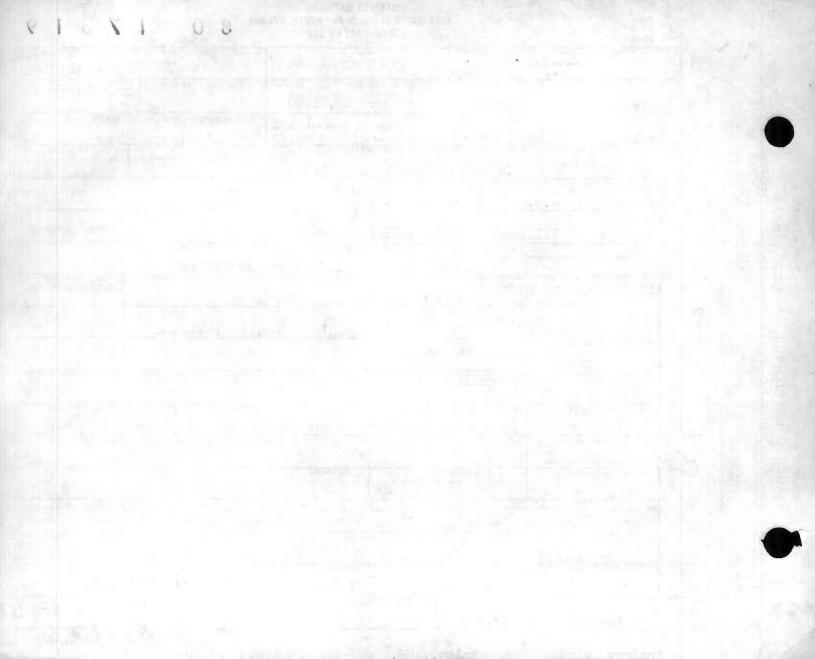
1671 9				
0.01/61.818		HUMBOO S		
	c table to	t world		Operation 1
				dischange
		. Ta softward		
. Heattest		PACE 12145		Beslynni
				. No.IYAHD
	CARTYARA TOLAT			
	nafu . (none) 251	, I.V.		
bas I ya ka		mage 1 mage 1. The Court	Taylu Lagrani Di	film sluber - Heloxid



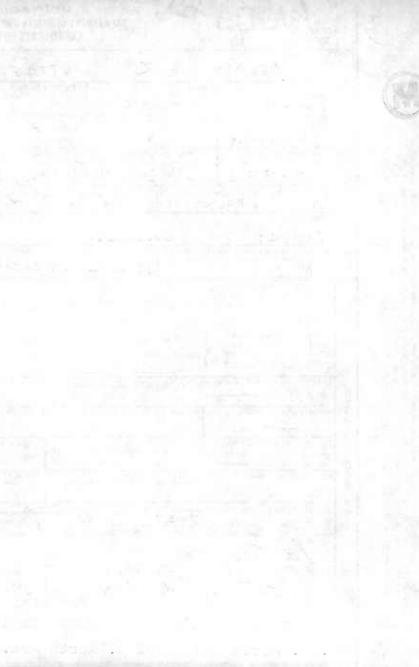
Market School Miller



र्	1		10000		STAT	E OF MARYLAND					
Rich	1	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG	BIENE 8 0 REG. NO.	1	7 3	1 9	9
WH THE			ie-	MIDDLE		sper	2e. DATE OF DEATH MO	7 30	YEAR 80	26. HOUR 1:35	p
4 0.0	13	Jam Ex	4 RACE	Scott	S. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHD)		NDER I YEAR	IF UNDER 24 HR	M R5
Per Page 4 m rector, p		Male	Whit	te	Mar	ch 29, 1980		YRS.	THS DAYS	HOURS MIN	2
The state of		BIRTHPLACE (STATE OR FOREIGN COUNTRY) Aryland	76 CITIZEN O	F WHAT COUNTRY?	MARRIE WIDOW	D NEVER MARRIE X	Baltimore City or Baltimo	COUNTY OF			***
oy the fur of within	10	CITY OR TOWN OF DEATH Baltimore	(IF NOT IN S	F HOSPITAL, NURSIN UCH FACILITY, GIVE STREET hns Hopk	IG HOME (OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	7		OF BUSINESS C	MD. OR
L Strong	130	UAL RESIDENCE (# NURSING HOME . STATE 136 CO Maryland A	OR OTHER INSTITUTIO		E ADMISSION)	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 9 Cedar Poi	nt Ros	ad		
Kore Les executed within the complete of a complete of s 1 and 2 sh com	8	FATHER'S NAME FIRST George W	MDOLE illiam	Cosper	,III	15 MOTHER'S MAIDEN NA	ME Ann Middle		Bra	denburg	g
the age		WAS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	none	IRITY NO	17 INFORMANT Child's birt	ADDRESS h certificate				
ficat ficat ysicia pers. oval.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one cause p ISED BY IATE CAUSE (a)_	er line for (a), (b), an	d (c), i	tricular fai	luce		APPROXI BETWEEN	MATE INTERVAL ONSET AND DEAT	TH
non-med requires that the Per Per Per Per Per Per Per Per Per Pe			(b)_ DUE TO,	OR AS A CONSEQUI	ENCE OF	ongental He	Cart Discus		IN PART 10	01	
1Sed as 1YSICIAN: The law physician. Is certificate has been ental Hygiene prior or Item 18 shows an	CERTIFICATION		Cep 21b. TIME	OF INJURY	maeni	Cont	200 AUTOPSY? 20 YES NO NO NO NO NO NO NO NO NO NO NO NO NO	Ob. IF YES, WI IN CERTIFYING YES TO IN ITEM 18, PART I	G CAUSES	NGS USED S OF DEATH? NO	
Keleasi TENDING PHYS or attending phy OR: After this cee use as the burial rr Health and Menta	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURREN WHILE NOT WHILE AT WORK	ER) 21e PLAC	P.M. E OF INJURY STREET, FACTORY, OFFICE, I	19 ARM, ETC)	211 LOCATION	CITY OR TOWN		COUNTY	STATE	
TTEN al or a TOR: use a t Heal		22a I certify that (II) this ha saw the deceased alive above, (I) (we) (did) (did	on Jul	V 30 19	50	nd that in (my) (our) opinion	, to		d from the		
TO HOSPITAL A A A retained by the hospital TO FUNERAL DIREC should be detached for with the State Dept. of MMPORTANT: If Item		226 SIGNATURE	th L.	Franc	2 1	DEGREE ATTENDING PHYSICIAN [220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA	NDK	22c DATE	30/80	
TO HOSPITAL retained by the P TO FUNERAL E should be detach with the State D IMPORTANT: II		Kenneth	L. FV	runco		Johns Hopk	ins Hospital	Balti	more	MD.	
BP		BURIAL, CREMATION, REMOV (SPECIFY) Removal		7/80	NAME OF (EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	cou		STATE	
DHMH-16 25M (VRA 15, 4) 1/79	24	FUNERAL DIRECTOR NAME Anatomy Board		ADDRESS Balto.,	Md.	250. DAT	E REC'D. BY REGISTRAR 251	RECOURAR	SSICHAT	Cready	



SEX S. DATE OF BRITH S. DA					STATE OF MARYLAND	,	
DECEASED NAME 1931 MODE LAST CONTRELL 26 DATE OF DEATH MONTH DAY YEAR 26 HOLD CONTRELL 2. DATE OF DEATH MONTH DAY YEAR 20 HOLD CONTRELL 2. SEX FOUNDER THE MONTH DAY YEAR 20 HOLD CONTRELL 3. SEX FOUNDER THE MONTH DAY YEAR 20 HOLD CONTRELL 3. DATE OF BIRTH MONTH DAY YEAR 20 HOLD CONTRELL 3. DATE OF BIRTH MONTH DAY YEAR 20 HOLD CONTRELL 3. DATE OF BIRTH MONTH DAY YEAR 20 HOLD CONTRELL 3. DATE OF DEATH MONTH DAY YEAR 20 HOLD CONTRELL 3. DATE OF DEATH MONTH DAY YEAR 20 HOLD CONTROL COURTY OF DEATH MONTH DAY YEAR 20 HOLD CONTROL COURTY OF DEATH MONTH DAY YEAR 20 HOLD COURTY OF DEATH MONTH DAY YEAR 20 H	2	1.	STATE	DEPAR		8 0	1732
3. SEX A RACE S. DATE OF BIRTH MONTH 14AN 10 AGE (INYERSLAST BERTHOAT) 10 UNDER THEAR 2 UNDER SECONDITION 15AN			A		LAST		
3. SEK 4. RACE S. DATE OF BIRTH MORTH DAY STAM S. AGE (INVERSIONAL BRIDDAY) S. DATE OF BIRTH MORTH DAY STAM DAY STAM S. DECENORIS DAYS DA		(TYPE	NELISON	R	COTTRELL		7-27-80 1:57
10 7 21 58 VRS.		3. SE	X			& AGE (IN YEARS LAST BIRTH	DAY) IF UNDER TYEAR IF UNDER 2
COUNTRY 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 178 USUAL OCCUPATION 179 USUAL OCCUPATI			temple	BLACK		58 t	
10 CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 170 USUAL OCCUPATION 170	93		OUNTRY)		MARRIED WEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH
USUAL RESIDENCE (# NURSNO HOME OR OTHER INSTITUTION, GIVE RESIDENCE MERCY HOS PLATE IN COUNTY IN CITY OR TOWN IN COUNTY IN CITY OR TOWN IN COUNTY IN CITY OR AS A CONSEQUENCE OF UNDERSTAND IN COUNTY IN CONTRIBUTION OR AS A CONSEQUENCE OF UNDERSTAND IN COUNTY IN CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR COUNTY IN CITY OF TOWN IN COUNTY))				WIDOWED DIVORCED	BALTO	CITY
SUSUAL RESIDENCE (IN NURSING HOME OR OTHER HISTITUTION, CAR RESIDENCE BEFORE ADMISSION) 138 STATE 139 STATE 130 STATE 130 STATE 130 STATE 130 STATE 130 STATE 131 STATE 130 STATE 131 STATE 130 STATE 131 STATE 131 STATE 132 STREET ADDRESS 133 STREET ADDRESS 134 STREET ADDRESS 135 STREET ADDRESS 104 STREIL 105 STREET ADDRESS 104 STREIL ADDRESS 105 STREET ADDRESS 106 STREIL 107 STREIL 107 STREIL 108 WAS DECEASED EVER IN U.S. ARMED FORCES? 109 SOCIAL SECURITY NO. 109 STREET ADDRESS 100 STREET ADDRES	7-1	10 C	O .	(IF NOT IN SUCH FACILITY, GIVE STRE	ET ADDRESS)		
136. STATE 136. COUNTY 136. CITY ORTOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS 134. STREET ADDRESS 1014. STR	1	11511				MOMEMAN	CER
IA FATHER'S NAME IAST IS. MOTHER'S MAIDEN NAME IAST IS. MOTHER'S MAIDEN NAME IAST	20	13e. S	TATE 136 COUN	TY 13c CITY OR TO	WN 134 INSIDE CITY LIMITS?		
THEST	2.0	-	12110	NO CITI BX			PRICKER ST.
166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 167 (YES, NOR UNKNOWN) (F YES, CIVE WAR OR DATES) 216 - 20 - 9367 FEG-IN A COCKREIL (1/2 North N	5	14 17	FIRST		FiRST		LAST
The cause of death (enter only one couse per line for 101, 101, ond 101)	YOU	14			///	ADDRES	
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) MYDCAREDIAL (IN FARE TIDE) INTERCATION STREET CITY OR TOWN COUNTY	-/		res, no or unknown) (IF YES, GIVE	WAR OR DATES)			
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (0), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 196 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21e, ACCIDENT WAS UNDERLYING OR CAUSES OF DEATH OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 21e PLACE OF INJURY (If ETHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21l LOCATION STREET CITY OR TOWN COUNTY	-					CKRELL	
DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse iol, stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 216. ACCIDENT WAS UNDERLYING OR CAUSES OF DEATH OR CAUSES OF DEATH (#EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 216. INJURY OCCURRED 216. PLACE OF INJURY AND MAILE OR NOTIFY MEDICAL EXAMINER) P.M. 19 217. INJURY OCCURRED 218. PLACE OF INJURY 141 MOME, STREET, RACTORY, OFFICE, FARM, ETC.) 218. PLACE OF INJURY 141 MOME, STREET, RACTORY, OFFICE, FARM, ETC.) 219. STREET 210 CONTRIBUTION 210 CITY OR TOWN COUNTY STREET CITY OR TOWN COUNTY STREET CITY OR TOWN COUNTY STREET CITY OR TOWN COUNTY STREET CITY OR TOWN COUNTY STREET CITY OR TOWN COUNTY STREET CITY OR TOWN COUNTY STREET CITY OR TOWN COUNTY STREET CITY OR TOWN COUNTY STREET CITY OR TOWN COUNTY STREET CITY OR TOWN COUNTY STREET CITY OR TOWN COUNTY STREET CITY OR TOWN COUNTY STREET CITY OR TOWN COUNTY COU			18 CAUSE OF DEATH (Enter on	ly one cause per line for (o), (b), o	and retain		BETWEEN ONSET AND
DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(a) PART 2 OTHER SIGN			IMMEDIAT	ECAUSE 10) MYDCAT	201AL INFARCT	100	5 JAYS
Conditions, if any, which gove rise to immediate cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 216. ACCIDENT WAS UNDERLYING OR CAUSES OF DEATH (IF EITHER, NOTEY MEDICAL EXAMINER) 216. INJURY OCCURRED (IF EITHER, NOTEY MEDICAL EXAMINER) P.M. 19 216. INJURY OCCURRED 216. PLACE OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 217. LOCATION STREET CITY OR TOWN COUNTY ST		1	410-				
QUE TO, OR AS A CONSEQUENCE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 208. AUTOPSY? 208. IF YES, WERE FINDINGS USES IN CERTIFYING CAUSES OF DEATH OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 208. AUTOPSY? 208. IF YES, WERE FINDINGS USES IN CERTIFYING CAUSES OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CAUSES OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CAUSES OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CAUSES OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CAUSE OF DEATH OR COUNTY OF THE CONTRIBUTION COUNTY CITY OR TOWN COUNTY COUNT			Canditions if any which	1	otivet of		
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 190 DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR (WEITHER, NOTHEY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR (WEITHER, NOTHEY MEDICAL EXAMINER) 211. INJURY OCCURRED 212. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR (WEITHER, NOTHEY MEDICAL EXAMINER) 211. LOCATION 212. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR (WEITHER, NOTHEY MEDICAL EXAMINER) 213. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR (WEITHER, NOTHEY MEDICAL EXAMINER) 214. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR (WEITHER, NOTHEY MEDICAL EXAMINER) 215. TIME OF INJURY OCCURRED (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 216. TIME OF INJURY OCCURRED (CITY OR TOWN COUNTY STREET)			gove rise to immediate	(6)			
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (FEITHER, NOTEY MEDICAL EXAMINER) 216. INJURY OCCURRED 216. INJURY OCCURRED 216. INJURY OCCURRED 216. INJURY OCCURRED 217. INJURY OCCURRED 218. PLACE OF INJURY 199. CONTRIBUTING CAUSE OF DEATH OR PART 2 (ITY OR TOWN COUNTY STREET, FACTORY, OFFICE, FARM, ETC.) 218. ACCIDENT WAS UNDERLYING OF INJURY 199. DATE OF OPERATION 210. INJURY OCCURRED 211. INJURY OCCURRED 212. INJURY OCCURRED 213. INJURY OCCURRED 214. INJURY OCCURRED 215. INJURY OCCURRED 216. INJURY OCCURRED 217. INJURY OCCURRED 218. INJURY OCCURRED 219. INJURY OCCURRED 210. INJURY OCCURRED 211. INJURY OCCURRED 212. INJURY OCCURRED 213. INJURY OCCURRED 214. INJURY OCCURRED 215. INJURY OCCURRED 216. INJURY OCCURRED 217. INJURY OCCURRED 218. INJURY OCCURRED 219. INJURY OCCURRED 210. INJURY OCCURRED 211. INJURY OCCURRED 212. INJURY OCCURRED 213. INJURY OCCURRED 214. INJURY OCCURRED 215. INJURY OCCURRED 216. INJURY OCCURRED 217. INJURY OCCURRED 218. INJURY OCCURRED 219. INJURY OCCURRED 210. INJURY OCCURRED 210. INJURY OCCURRED 211. INJURY OCCURRED 212. INJURY OCCURRED 213. INJURY OCCURRED 214. INJURY OCCURRED 215. INJURY OCCURRED 216. INJURY OCCURRED 217. INJURY OCCURRED 218. INJURY OCCURRED 219. INJURY OCCURRED 210. INJURY OCCURRED 210. INJURY OCCURRED 211. INJURY OCCURRED 212. INJURY OCCURRED 213. INJURY OCCURRED 214. INJURY OCCURRED 215. INJURY OCCURRED 216. INJURY OCCURRED 217. INJURY OCCURRED 218. INJURY OCCURRED 219. INJURY OCCURRED 210. INJURY OCCURRE				DUE TO, OR AS A CONSEQ	UENCE OF		
190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEAT YES NO 22 YE				(c)			
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR 21d. INJURY OCCURRED 21d. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE IN NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY ST							
OR CONTRIBUTING CAUSE OF DEATH (# ETIMER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY WHILE DOWN STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY ST		Z	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR COND	ITION GIVEN IN PART 1(a)
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR WE EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE DOUBLE CONTRIBUTION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY ST		ATION				Terminal States	
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY WHILE DOT NOT WHILE CATHON. STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY ST	2	FICATION				20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATI
WHILE NOT WHILE	2	RTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	206 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO
	29		190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICE	H OPERATION WAS PERFORMED	206 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO
	29		190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	19b. CONDITION FOR WHICE 21b. TIME OF INJURY HOUR A.M. MONTH	H OPERATION WAS PERFORMED 21c HOW INJURY OCCUR	206 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO
	29		190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (16 EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	19b. CONDITION FOR WHICE 11b. TIME OF INJURY HOUR A.M. MONTH P.M. 11e. PLACE OF INJURY	DAY YEAR 19 7211 LOCATION	200 AUTOPSY? YES NOTER NATURE OF INJURY	20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATI YES NO
	29		190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED WHILE NOT WHILE AT WORK	19b. CONDITION FOR WHICE 11b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	DAY YEAR 19 211 LOCATION STREET	200 AUTOPSY? YES NOTER NATURE OF INJURY CITY OR TOWN	20b. IF YES, WERE FINDINGS USEI IN CERTIFYING CAUSES OF DEAT YES NO (YIN ITEM 18, PART 1 OR PART 2) N COUNTY ST
the feeting molecular and deceased from the feeting molecular and the	29		196 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (WEITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK NOTIFY MORK 226 I certify that (1) (this hospit	19b. CONDITION FOR WHICE 11h TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE 10l) ottended the deceased from	DAY YEAR 19 211 LOCATION STREET 7 - 8 19 80	20g AUTOPSY? YES NOTE RRED (ENTER NATURE OF INJURY) CITY OR TOWN	20b. IF YES, WERE FINDINGS USEI IN CERTIFYING CAUSES OF DEAT YES NO (YIN ITEM 18, PART 1 OR PART 2) N COUNTY ST
saw the deceased olive on 7-27 19 80 ond that in (my) (our) opinion death occurred on the date and hour and from the causes shape. (There (did (did not) view the body after death.	29		190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220 I certify the (11) (this hospit sow the deceased clive on obove (11) we) (did (1) (did no) obove (11) we) (did (1) (did no)	19b. CONDITION FOR WHICE 11h TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE 10l) ottended the deceased from	DAY YEAR 19 211 LOCATION STREET 20 ond that in (my) (our) opinion	20g AUTOPSY? YES NOTE RRED (ENTER NATURE OF INJURY) CITY OR TOWN	20% IF YES, WERE FINDINGS USET IN CERTIFYING CAUSES OF DEAT YES NO THE NOTE OF
saw the deceased olive on 7-27 19 0 and that in (my) (our) opinion death occurred on the date and hour and from the causes shappy (July (did not) view the body after death. 278. SIGNATURE DEGREE 278. DATE SIGNED	29		190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220 I certify the (11) (this hospit sow the deceased clive on obove (11) we) (did (1) (did no) obove (11) we) (did (1) (did no)	19b. CONDITION FOR WHICE 11h TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE 10l) ottended the deceased from	DAY YEAR 19 211 LOCATION STREET 7 - 8 19 80 . ond that in (my) (our) opinion DEGREE	206 AUTOPSY? YES NOTE RRED (ENTER NATURE OF INJURY) CITY OR TOWN 10 7-2 deoth occurred on the do	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO TO IN ITEM 18, PART 1 OR PART 2) N COUNTY ST 19 6 that (1) (vice and hour and from the causes stated in the causes stated in the causes stated in the causes stated in the causes stated in the causes stated in the causes stated in the causes stated in the causes stated in the causes stated in the causes stated in the causes stated in the causes stated in the causes stated in the causes stated in the causes stated in the causes stated in the causes stated in the cause stated in the causes stated in the causes stated in the cause sta
saw the deceased alive on 7-27 19 0 and that in (my) (our) opinion death occurred on the date and hour and from the causes shappy (did) (did not) view the body after death. 27b. SIGNATURE DEGREE 27c. DATE SIGNED	29		190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220 I certify the (11) (this hospit sow the deceased clive on obove (11) we) (did (did no) obove (11) we) (did (did no) obove (11) we) (did (did no)	19b. CONDITION FOR WHICE 11h TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE 10l) ottended the deceased from	DAY YEAR 19 211 LOCATION STREET 7 - 8 19 80 . ond that in (my) (our) opinion DEGREE	206 AUTOPSY? YES NOTE RRED (ENTER NATURE OF INJURY) CITY OR TOWN 10 7-2 deoth occurred on the do	20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO TO IN ITEM 18, PART 1 OR PART 2) N COUNTY ST 19 6 , that (1) (voice and hour and from the causes stated in the cause stated in the cause
saw the deceased alive an 7-27 19 0 and that in (my) (our) opinion death occurred on the date and hour and from the causes shapped (did (did not) view the body after death. 276. SIGNATURE DEGREE 276. DATE SIGNED	29		190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (# EITHER, NOTHY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHIE NOTHY MEDICAL EXAMINER) 22a I certify that (11) (this hospit saw the deceased alive on above, (11) we) (did (did not 27b. SIGN) TURE	19b. CONDITION FOR WHICE 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE 101) oftended the deceased from 7 - 27 1) view the body after death.	DAY YEAR 19 211 LOCATION STREET 7 - 8 19 80 . ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	206 AUTOPSY? YES NOTE RRED (ENTER NATURE OF INJURY) CITY OR TOWN 10 7-2 deoth occurred on the do	20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO TO IN ITEM 18, PART 1 OR PART 2) N COUNTY ST. 19 6 that (1) (vice and hour and from the causes sto 120. DATE SIGNED
saw the deceased alive on 7-27 19 0 ond that in (my) (our) opinion death occurred on the date and hour and from the causes st. 27b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 7-27-8 27d. PHYSICIAN SNAME (17th OR PRINT) LAPINSKY 27e. ADDRESS	29		190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (# EITHER, NOTHY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHIE NOTHY MEDICAL EXAMINER) 22a I certify that (11) (this hospit saw the deceased alive on above, (11) we) (did (did not 27b. SIGN) TURE	19b. CONDITION FOR WHICE 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE 101) oftended the deceased from 7 - 27 1) view the body after death.	DAY YEAR 19 211 LOCATION STREET 7 - 8 19 80 . ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 226 ADDRESS	200 AUTOPSY? YES NOTE NOTE CITY OR TOWN TO 7 - 2 deoth occurred on the do MEDICAL STAFI DIRECTOR PHYSICI	20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO COUNTY STATE OF THE COUNTY STATE OF T
saw the deceased alive on 7-27 19 0 ond that in (my) (our) opinion death occurred on the date and hour and from the causes showe. (Dave) (did (did not) view the body after death. 7276. SIGNATURE DEGREE ATTENDING PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN 7-27-8 (PHYSICIAN SNAME (TYPE OR PRINT) J LAPINSKY MEMCY MOSP. 301 ST AUL ST	29	MEDICAL	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK ON TO WHILE OF THE MEDICAL EXAMINER) 220 I certify the (II) (this hospit saw the deceased clive on obove (II) we) (did (did not 27b). SIGNATURE 221d. PHYSICIAN'S NAME (TYPE OF ALL TO ACCOUNTS)	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE 101) ottended the deceased from 7-2-7 1) view the body after death. RPRINT) J. A. PINSKY	DAY YEAR 19 211 LOCATION STREET 7 - 8 19 80 . ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS MEM Y	200 AUTOPSY? YES NOTE RRED (ENTER NATURE OF INJURY) CITY OR TOWN 10 7-2 deoth occurred on the do MEDICAL STAFI DIRECTOR PHYSICI 4051. 301	20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO COUNTY STATE OF THE COUNTY STATE OF T
sow the deceased plive on 7-27 19 80 ond that in (my) (our) opinion death occurred on the date and hour and from the causes shower. (I) well (did) (did not) view the body after death. 278. SIGNATURE DEGRE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 7-27-8 (DIRECTOR PHYSICIAN DIRECTOR P	29	WEDICAL MEDICAL	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (WEITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHIE NOT WHIE AT WORK 22a. I certify that (11) (this hospit saw the deceased alive on above, ULL we) (did (did not 27b). SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OF 17b). 22d. PHYSICIAN'S NAME (TYPE OF 17b).	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE 101) ottended the deceased from 7 - 2.7 1) view the body after death. RPRINT) LAPINSKY 21b. DATE 23c 23c 23c 23c 23c 23c 23c 23	DAY YEAR 19 211 LOCATION STREET 20 ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 212 ADDRESS MAME OF CEMETERY OR CREMATORY	206 AUTOPSY? YES NOTE NOTE RRED (ENTER NATURE OF INJURY) CITY OR TOWN 10 7-2 deoth occurred on the do MEDICAL STAF! DIRECTOR PHYSICI 134 LOCATION CITY OR TOWN	20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO COUNTY STATES OF DEATH OF PART 2) N COUNTY STATES OF DEATH OF PART 2) 19 86 , that (1) (we deen down and from the causes sto the county of the county of the causes sto the county of the county of the causes sto the county of the county of the causes sto the county of the causes sto the county of the causes sto the county of the causes sto the county of the causes sto the causes sto the causes sto the causes sto the causes of the ca
saw the deceased plive on 7-27 19 0 ond that in (my) (our) opinion death occurred on the date and hour and from the causes showe. (I) we (did (did not) view the body after death. 27b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 7-27-8 (27d. PHYSICIAN) NAME (17FC OR PRINT) J. L. APINSKY 27d. PHYSICIAN SNAME (17FC OR PRINT) J. L. APINSKY 27d. ADDRESS MERLY HOSP. 301 ST. AUL ST. (SPECEY) (SPEC	29	WEDICAL MEDICAL	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK On Obove, (II) We) (did) (did not obove, (II) We) (did) (did not obove, (II) We) (did) (did not obove, II) WE) 22d. PHYSICIAN'S NAME (1996 OF CORP) 22d. PHYSICIAN'S NAME (1996 OF CORP)	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE 101) ottended the deceased from 7 - 2.7 1) view the body after death. RPRINT) LAPINSKY 21b. DATE 23c 23c 23c 23c 23c 23c 23c 23	DAY YEAR 19 211 LOCATION 19 211 LOCATION 19 20 ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 212 ADDRESS MALLY NAME OF CEMETERY OR CREMATORY hurch Cemetery	206 AUTOPSY? YES NOTE RRED (ENTER NATURE OF INJURY) CITY OR TOWN 10 7-2 depth occurred on the do MEDICAL STAFF DIRECTOR PHYSICI 906, 301 234 LOCATION CITY OR TOWN Reedsvil	20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO COUNTY STATE OF THE COUNTY STATE OF T



11 2 2 1980 Behander County

Female white 3 21 29 51 yrs. MONTHS DAYS HOURS M To BIRTHPLACE (STATE ORFOREIGN COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED DO HARDONE CITY MONTHS DAYS HOURS M MONTHS DAYS H	A	1			STATE OF WAKILAND		
J. SEX I. RACE I. S. DATE OF BRITH JOHN THAT STATE STATE OF THE STATE STATE STATE STATE STATE STATE I. S. DATE OF BRITH JOHN THAT STATE STATE OF THE STATE ST	1	1	- STATE	DEPART		0 0	. 1732
JACK STORE OF BRITH DATE OF BR				MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26. HOUR
1 SEX	4	(TYPE	MARY	Inene	COURSELL		7 00 00 33 3
THE BRITHPLACE STATE OF ORIGINAL TO COUNTRY? THE BRITHPLACE STATE OF ORIGINAL TO COUNTRY. THE BRITHPLACE STATE O	1	1 SF				6. AGE (IN YEARS LAST BIR	
AB BIRTHPIACE (3 STATE ORIORISM) A CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY OF DEATH	9	1, 30	- /		MONTH DAY YEAR	51	MONTHS DAYS HOURS MIN
The city or town of death 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12. USUAL DCCUPATION 12. KIND OF BUSINESS 13. CITY OR TOWN 13. MOTHER'S MADE 13. M	E .			76 CITIZEN OF WHAT COUNTRY?	1	1 BALTIMORE CITY C	
USUAL RESIDENCE (# NUBSNO KOM GO O'NER INSTITUTION, ONE RESIDENCE BETCHE ADMISSION) USUAL RESIDENCE (# NUBSNO KOM GO O'NER INSTITUTION, ONE RESIDENCE BETCHE ADMISSION) USUAL RESIDENCE (# NUBSNO KOM GO O'NER INSTITUTION, ONE RESIDENCE BETCHE ADMISSION) USUAL RESIDENCE (# NUBSNO KOM GO O'NER INSTITUTION, ONE RESIDENCE BETCHE ADMISSION) USUAL RESIDENCE (# NUBSNO KOM GO O'NER INSTITUTION, ONE RESIDENCE BETCHE ADMISSION) USUAL RESIDENCE (# NUBSNO KOM GO O'NER INSTITUTION, ONE RESIDENCE BETCHE ADMISSION) USUAL RESIDENCE (# NUBSNO KOM GO O'NER INSTITUTION, ONE RESIDENCE IN COLUMN TO THE PROPERTY OF THE PROPERTY ONE RESIDENCE OF T	Tied /	L	An / //	45A		+ A 11.	Colo
USUAL RESIDENCE (IN MUSING HOME OF OTHER INSTITUTION, ONE RESOURCE, REFORE ADMISSION) 136 STATE 136 COUNTY 137 CHYPOR TOWN 137 CHYPOR TOWN 138 STATE 139 STATE 139 STATE 130 STATE 130 STATE 130 STATE 130 STATE 130 STATE 130 STATE 131 STATE 131 STATE 130 STATE 131 STATE 131 STATE 132 STATE 133 STATE 134 STATE 135 STATE 135 STATE 136 STATE 137 STATE 137 STATE 137 STATE 138 STATE 139 STATE 139 STATE 130 STATE		10 C	2.11.	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	(TYPE OF WORK FOR MOST C	WORKING LIFE) INDUSTRY
The content of the		USU	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)		zent ===
18. MOTHER'S MADE MODIE TIMEN TOUR TOU	la la	136	AA 1 1 15	11 - 12 11		130 STREET ADDRESS	CI DII MI
THE WAS DECEASED EVER IN U.S. ARMED FORCES? IN WAS DECEASED EVER IN U.S. ARMED FORCES? IN SOCIAL SECURITY NO 217-26-2058 Mrs. Fannie Tudon, Same as above II CAUSE OF DEATH (Enter only one couse per line for 101, (b), and ic PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse 101, stoting the underlying cause lost (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 198 DATE OF OPERATION 196 CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 198 DATE OF OPERATION 199 CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 198 DATE OF OPERATION 199 CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 198 DATE OF OPERATION 199 CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 198 DATE OF OPERATION 199 CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 198 DATE OF OPERATION 199 CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 198 DATE OF OPERATION 198 DATE OF OPERATION 199 CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 198 DATE OF OPERATION 199 CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 199 DATE OF OPERATION 190 DATE OF OPERATION 190 DATE OF OPERATION 190 DATE OF OPERATION 190 DATE OF OPERATION 190 DATE OF OPERATION 190 DATE OF OPERATION 190 DATE OF OPERATION 190 DATE OF OPERATION 190 DATE OF OPERATION 190 DATE OF OPERATION 190 DATE OF OPERATION 191 DATE OF OPERATION 190 DATE OF OPERATION 191 DATE OF OPERATION 191 DATE OF OP	- am	IIA E		WIN WILL		V510 Tight	St. Balto Nd.
186 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 17 26 2058 Mrs. Farrie Tudor, Same as above 217 26 2058 Mrs. Farrie Tudor, Same as above 217 26 2058 Mrs. Farrie Tudor, Same as above 18 CAUSE OF DEATH litter only one couse per line for iol, ibly, and icl. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE iol Accuse Mrs. Farrie Tudor, Same as above 18 CAUSE OF DEATH WAS CAUSED BY: IMMEDIATE CAUSE iol Accuse Mrs. Farrie Tudor, Same as above 18 CAUSE OF DEATH WAS CAUSED BY: IMMEDIATE CAUSE iol Accuse Mrs. Farrie Tudor, Same as above 18 CAUSE OF DEATH WAS CAUSED BY: IMMEDIATE CAUSE iol Accuse Mrs. Farrie Tudor, Same as above 19 Canditions, if ony, which 19 Conditions of the farrie Tudor, Same as above 19 Canditions, if ony, which 19 Conditions of the farrie Tudor, Same as above 19 Canditions, if ony, which 19 Canditions 19 Canditions 19 Canditions 19 Canditions 19 Canditions 19 Canditions 19 Conditions 19 Cause of Death 19 Cause of Deat	1)			MIDDLE	FIRST		
The part of the significant conditions contributing to death but not related to the terminal disease or condition given in part 110- The part of the significant conditions contributing to death but not related to the terminal disease or condition given in part 110- The part of the significant conditions contributing to death but not related to the terminal disease or condition given in part 110- The part of the significant conditions contributing to death but not related to the terminal disease or condition given in part 110- The part of the significant conditions contributing to death but not related to the terminal disease or condition given in part 110- The part of the significant conditions contributing to death but not related to the terminal disease or condition given in part 110- The part of the significant conditions contributing to death but not related to the terminal disease or condition given in part 110- The part of the significant conditions contributing to death but not related to the terminal disease or condition given in part 110- The part of the significant conditions given in part 110- The part of the significant conditions given in part 110- The part of the significant conditions given in part 110- The part of the significant conditions given in part 110- The part of the significant conditions given in part 110- The part of the significant conditions given in part 110- The part of the significant given in significant given giv	10		Ciron Collinar	n Judo			
18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		160	WAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) [1/4 YES, GIVE	MED FORCES? 166 SOCIAL SECT			
THE CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause lost. (b) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 198 DATE OF OPERATION. 198 CONDITION FOR WHICH OPERATION WAS PERFORMED. 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH HOUR A.M. MONTH DAY YEAR (FIFTHER, MOTE MEDICAL EXAMINER). 216. INCOMPRISE OF DEATH (SETTHER NOTE MEDICAL EXAMINER). 216. PLACE OF INJURY HOUR A.M. MONTH DAY YEAR PLACE OF INJURY HOUR A.M. MONTH DAY YEAR AT WORK. 216. INJURY OCCURRED. 216. PLACE OF INJURY HOUR A.M. MONTH DAY YEAR AT WORK. 216. INJURY OCCURRED. 216. INJURY OCCURRED. 216. PLACE OF INJURY HOUR A.M. MONTH DAY YEAR AT WORK. 199 DATE OF DEATH (SETTHER NOTE MEDICAL EXAMINER). 216. INJURY OCCURRED. 217 PLACE OF INJURY STATE. 218 INDURY OFFICE, FARM, ETC.). 219 STATE. 211 LOCATION. STATE.	1			217-26-	2058 Mrs. Fannie /	udor, Same as	above
PART I. DEATH WAS CAUSED BY: 1980 DUE TO, OR AS A CONSEQUENCE OF	Ven		1	ly ane cause per line for (a), (b), or	die		APPROXIMATE INTERVAL
Conditions, if ony, which gove rise to immediate underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 198 DATE OF OPERATION 198 DATE OF OPERATION	0		PART I. DEATH WAS CAUSE	DBY:	1 1 - 11-		
Conditions, if ony, which gove rise to immediate couse 101, stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY2 200 IF YES, WERE FINDINGS USED IN CERTIFYING MOSES OF DEATH? YES NO 7 210. ACCIDENT WAS UNDERLYING 7 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 190 210 INJURY OCCURRED 110 PLACE OF INJURY HOUR A.M. MONTH DAY YEAR AT WORK 111 HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET CITY OR TOWN COUNTY STATE AT WORK 11 HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	nat		1/ F 5 5 IMMEDIAT	TE CAUSE (a) HOUTE	enus Fallyte	-	
Conditions, if ony, which gove rise to immediate underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 198 DATE OF OPERATION 198 DATE OF OPERATION	anu		4-535	DUE TO, OR AS A CONSEQU	ENCE OF		
gove rise to immediate couse 101, stating the underlying cause 1051 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 190 DATE OF OPERATION 190 CONTRIBUTING 190 CONTRIBUTING 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING 210. AND MONTH DAY YEAR P.M. 190 211. FLACE OF INJURY MYER AT WORK NO DYMHIE NOT WHIE NOT WH			Canditions, if ony, which	. 0 1 .	lein thrumbosi	5	
Underlying cause lost (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 208 AUTOPSY2 208. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR HOUR A.M. MONTH DAY YEAR OF DEATH HOUR A.M. MONTH DAY YEAR OF DEATH HOUR A.M. MONTH DAY YEAR STREET, FACTORY, OFFICE, FARM, ETC.) 210 INJURY OCCURRED 110 PLACE OF INJURY STREET CITY OR TOWN COUNTY STATE	the		gove rise to immediate) ,,,,			
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 208 AUTOPSY2 106. IF YES, WERE FINDINGS USED IN CERTIFYING CASES OF DEATH? YES NO YES NO YES NO PART 1 OR PART 2 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CASES OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTHY MEDICAL EXAMINER) P.M. 19 216 INJURY OCCURRED 118 PLACE OF INJURY (IF EITHER, NOTHY MEDICAL EXAMINER) P.M. 19 216 INJURY OCCURRED 118 PLACE OF INJURY (IF EITHER, NOTHY MEDICAL EXAMINER) P.M. 19 216 INJURY OCCURRED 1216 PLACE OF INJURY (IF EITHER, NOTHY MEDICAL EXAMINER) P.M. 19 217 INDURY OCCURRED 1216 PLACE OF INJURY (IF EITHER, NOTHY MEDICAL EXAMINER) P.M. 19 218 PLACE OF INJURY (IF EITHER, NOTHY MEDICAL EXAMINER) P.M. 19 219 INDURY OCCURRED 1216 PLACE OF INJURY (IF EITHER, NOTHY MEDICAL EXAMINER) P.M. 19 210 INJURY OCCURRED 1216 PLACE OF INJURY (IF EITHER, NOTHY MEDICAL EXAMINER) P.M. 19 210 INJURY OCCURRED 1216 PLACE OF INJURY (IF EITHER, NOTHY MEDICAL EXAMINER) P.M. 19 210 INJURY OCCURRED 1216 PLACE OF INJURY (IF EITHER, NOTHY MEDICAL EXAMINER) P.M. 19 210 INJURY OCCURRED 1216 PLACE OF INJURY (IF EITHER, NOTHY MEDICAL EXAMINER) P.M. 19 210 INJURY OCCURRED 1216 PLACE OF INJURY (IF EITHER, NOTHY MEDICAL EXAMINER) P.M. 19 210 INJURY OCCURRED 1216 PLACE OF INJURY (IF EITHER, NOTHY MEDICAL EXAMINER) P.M. 19 210 INJURY OCCURRED 1216 PLACE OF INJURY (IF EITHER, NOTHY MEDICAL EXAMINER) P.M. 19 210 INJURY OCCURRED 1216 PLACE OF INJURY (IF EITHER, NOTHY MEDICAL EXAMINER) P.M. 19 210 INJURY OCCURRED 1216 PLACE OF INJURY (IF EITHER, NOTHY MEDICAL EXAMINER) P.M. 19 210 INJURY OCCURRED 1216 PLACE OF INJURY (IF EITHER, NOTHY MEDICAL EXAMINER) P.M. 19 210 INJURY OCCURRED 1216 PLACE OF INJURY (IF EITHER, NOTHY MEDICAL EXAMINER) P.M. 19 210 INJURY OCCURRED 1216 PLACE OF INJURY (IF EITHER, NOTHY MEDICAL EXAMINER) P.M. 19 210 INJURY OCCURRED 1216 PLACE OF INJURY (IF EITHER, NOTHY MEDICAL EXAMINER		Î		DUE TO, OR AS A CONSEQU	ENCE OF		
THE TOTAL TO	, ,	1					
DE CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21d INJURY COCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK 121d INJURY COUNTY STATE 211d INJURY CITY OR TOWN COUNTY STATE	Ē	7	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 11a1
DE CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21d INJURY COCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK 121d INJURY COUNTY STATE 211d INJURY CITY OR TOWN COUNTY STATE	any	_ ∑				2016	
OR CONTRIBUTING CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE	SW.	13	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY2	
OR CONTRIBUTING CAUSE OF DEATH OUR A.M. MONTH DAY TEAR OR CONTRIBUTING CAUSE OF DEATH OUR A.M. MONTH DAY TEAR P.M. 19 21d INJURY OCCURRED 21d INJURY OCCURRED VALUE OF INJURY NOT WHILE OF INJURY INT MONE OF INJURY STREET CITY OR TOWN COUNTY STATE		١Ě				YES PE NOT	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21d PLACE OF INJURY AT WORK NORTH DAY TEAR 19 211 LOCATION STREET CITY OR TOWN COUNTY STATE	0	1 2	218. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUP		
21d INJURY OCCURRED 21e PLACE OF INJURY 1 AT MORE, STREET, FACTORY, OFFICE, FARM, ETC.) 21l LOCATION STREET CITY OR TOWN COUNTY STATE	E				AY YEAR		
21d INJURY OCCURRED 21a PLACE OF INJURY AT WORK AT WORK 21a PLACE OF INJURY IAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21b LOCATION STREET CITY OR TOWN COUNTY STATE	ŏ	5	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.			
AT WORK AT WORK		60		210 PLACE OF INJURY		CITY OF TO	NN COUNTY STATE
		1 2	WHILE NOT WHILE	TAL HOME, STREET, PACTORY, OFFICE,	rakm, ETC.)		
		1			7/2}	0 7/	10 . 80
			abave, (I) (we) (did) (did no		ond that in (my) (our) opinion	death occurred on the d	ote and hour and from the causes state
sow the deceased alive on 730 19 80, and that in (my) (our) opinion death occurred on the date and hour and from the causes states above, (1) (we) (did) (did not) view the body after death.	=======================================		226. SIGNATURE	7 ,	DEGREE		22c. DATE SIGNED
			7m 7	Attenday	ATTENDING		
above, (I) (we) (did) (did not) view the body after death. 276. SIGNATURE DEGREE 276. DATE SIGNED	~	4	Vrain Dis	WFO WWW.		DIRECTOR PHYSIC	IAN ET 1739 60
above, (I) (we) (did) (did) (did) only view the body after death. DEGREE 22c. DATE SIGNED	1		270. PHYSICIAN'S NAME (TYPEO	R PRINT)	- 51	0 . 01	1. // /
278. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN TO THE ORDINATE SIGNED 278. PHYSICIAN'S NAME (TYPE OR PRINT) 179. ADDRESS	1		Marc Jak	colow	30/34,/	a4/ P/	Mercy Huspita
278. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN TO THE TOP TO THE SIGNED 276. PHYSICIAN'S NAME (TYPE OF PRINT) 276. ADDRESS ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN TO THE TOP		230	BURIAL CREMATION REMOVAL			1234 LOCATION	1 / / /
Sow in excessed of the one of the code of the door of the code of the door of the code of the door of the code of the door of the code of the door of the code of the door of the code of the code of the door of the code of		1.50	(SPECIFY) D			BOLT I MON	COUNTY STATE
above, (1) (we) (did) (did not) view the body after death. 176. SIGNATURE	-			mug. 2, 1700	0		
Sow in deceased a live on the body after death. 27th Signature	5M	24 F	UNERAL DIRECTOR	// 430 C Thoses.			W. La IVAII
above, [I] (we) (did) (did not) view the body after death. 172 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR DIREC	/70	M	Villy Funeral t	Home, 130 E. Font	Ave. Balto. M.	1 1000	DUPPHY// COMMY

T OF MARYLAND

1 5 5-4-1 5 5 3 HORNELL THE THE PARTY OF THE PA ANTERNA MORNA ---- LANGER MORNAL CONTRACTOR August State of the second of the state of the s THE REAL PROPERTY OF THE PARTY LANGE OF BELL OF BUILT

Parameter to the parameter of the American Committee of the American C Application of the Paris of the Application of the Paris

Baltimetra U. v. S. March Lorge Var. D. Stanist A. MANUAL SECTION OF THE PARTY OF Sugar Alpha Craswell Admission Sheet Cartinoscular collegese Stelano Francisco to the transfer of the Part to Hairs Minbras Dears from 20 Time Miss of the first of

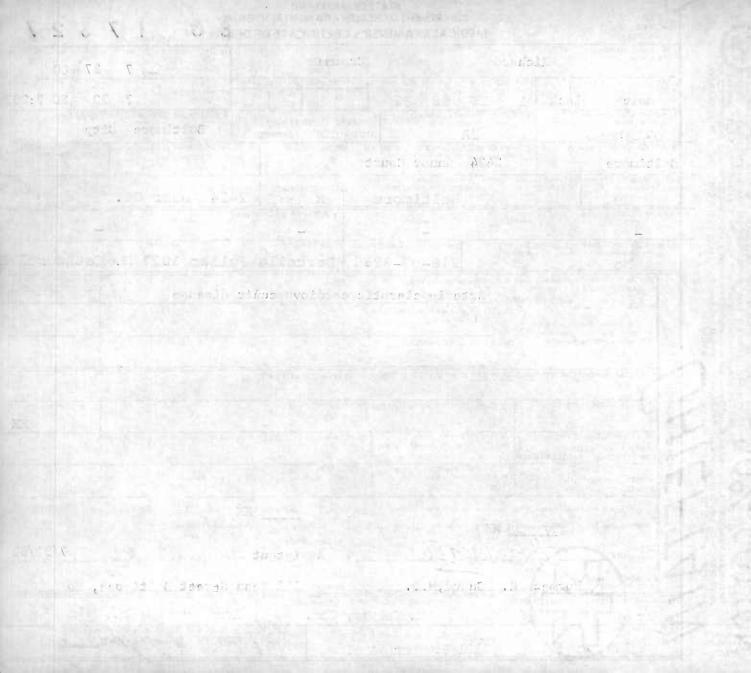
1	1	FOR	DEDART	STATE OF MARYLAND	TIPME	
4	1	STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	732
(M)	1. DE	CEASED NAME FIRST WILLIA	M FRANCIS	CRAVER JR	20. DATE OF DEATH MONTH	01 80 9:00
s afi	3. SE	M. Male	C White	S DATE OF BIRTH MONTH DAY YEAR Z O	4 AGE (IN YEARS LAST BIRTHDAY) 59 YRS.	F UNDER 1 YEAR F UNDER 24 H
72 hour	70. B	IRTHPLACE (STATE OR FOREIGN OUNTRY) M D	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNT	CITY
by the fu ed withir	10 C	ALTO	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET SOUTH BALTO.		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) RETIRED	126. KIND OF BUSINESS INDUSTRY P.D.
uld be fill	USU 130.	STATE NO COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW	EADMISSION) /N 134. INSIDE CITY LIMITS? YES \(\sqrt{N} \) NO \(\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	130. STREET ADDRESS Y PRO	
and 2 sho	14 F	WILLIAM	MIDDLE CRAST	15. MOTHER'S MAIDEN NA FIRST AGNES	ME MIDDLE	GAYHARD
oval.	léa \	WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GN	rmed forces? 166 SOCIAL SECUL 220-05-7		ven 1402 (ypnes	s Street
e has been signed by the att evermit. Then please remove ene prior to burial, crematic shows any injury, or other	CERTIFICATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANIA. 19a DATE OF OPERATION	DUE TO, OR AS A CONSEQUICE CONDITIONS CONTRIBUTING TO Juanian Coll 196 CONDITION FOR WHICH	DEATH BUT NOT RELATED TO THE TERM	INCERT	IVEN IN PART 1(a) ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? VES \(\text{VO} \) NO \(\text{T} \)
After this certificate he is the burial-transit perm in and Mental Hygiene marked or Item 18 sho	MEDICAL CERT	21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (# EITHER, NOTHEY MEDICAL EXAMINER 21d, INJURY OCCURRED	P.M.	19 ZII LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18	
as the bu	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, I	ARM, ETC) STREET	10 7/1/80	COUNTY STATE
hed for use a Dept. of Heal		saw the deceased alive ar	of the body ofter death.		death accurred an the date and ha	pur and from the causes stated 22c. DAT SIGNED
should be detached with the State De IMPORTANT: If		274 PHYSICIAN SNAME (TYPE	E WPER	ATTENDING PHYSICIAN [TII PO
She was		BURIAL, CREMATION, REMOVAL SPECKY) Nemation	0111000	NAME OF CEMETERY OR CREMATORY PROCESS	23d LOCATION Baltimore	COUNTY H. STATE
HMH-16 25M RA 15, 4) 1/79		UNERAL DIRECTOR NAME OULLU Funeral	HOME 237 E. Pat	Curity Process 250. DAT	PREC'D. BY REGISTRAR 255. REGIS	STRAR'S SIGNATURE

Thomas were work and the second secon 157 C70-337 W Laulin Hond Little athens we will be selected to the selected

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME MIDDLE LAST 20 DATE OF DEATH MONTH (TYPE OR PRINT) HOMAS 10.35 4 RACE 3 SEX AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER LYEAR IF UNDER 24 HRS MONTH YEAR MONTHS DAYS HOURS To BIRTHPLACE ISTATE OF FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BAHTMOR WIDOWED DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IS CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 17h KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ETILEI USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13. STREET ADDRESS AW HATTEN AVE 130 STATE 136 COUNTY 134 INSIDE CITY LIMITS? ALTIMORE 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE SP ADDRESS 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OF UNKNOWN) LIFYES, GIVE WAR OR DATEST WARD - 2700 MANGATTAN II CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF EHY DRATION & HY PORALEMIA Conditions, if any, which gove rise to immediate (o), stoting DUE TO OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 200 AUTOPSY? 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 20h. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? NO NO [210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 214 PLACE OF INJURY 211 LOCATION ŏ CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from 7-21 - 10 80 saw the deceased alive an_ , and that in (my) (aur) opinion death accurred on the date and haur and from the causes stated above, (l) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22ª ADDRESS ld b HOSPITA2 BENJER NELSON shoul 0 23e BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236 LOCATION (SPECIFY) COUNTY 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-16 20M JAS. A. MORTON +SONS (VRA 15, 4) 7/7B



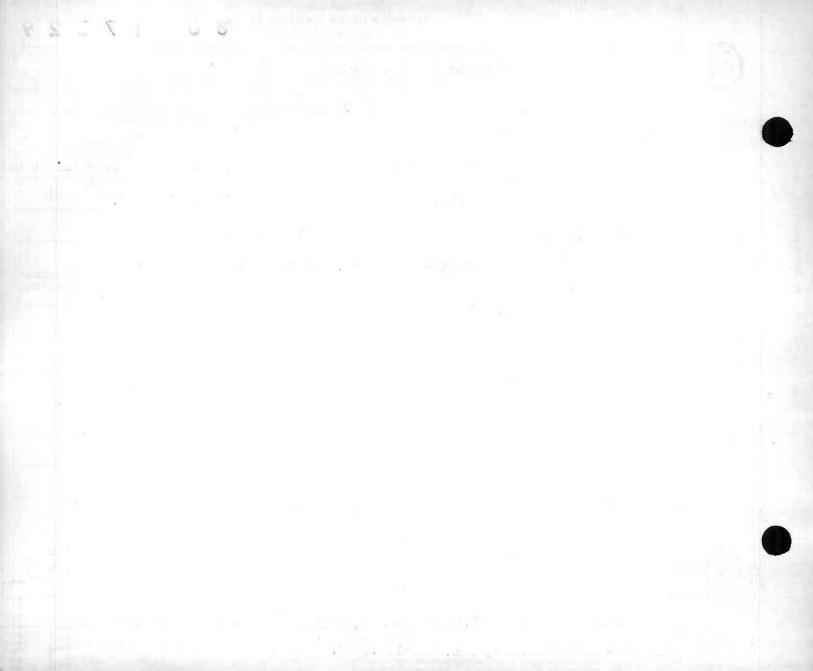
DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE O. DATE KNOWN 2b. HOUR (TYPE OR PRINT) Richard Croomes ESTI-DEATH MATED 27 1980 3. SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS. 2d. HOUR 20. DATE FUNERAL DIRE YEAR LAST BIRTHDAY) PRONOUNCED 1980 30 black 28 98 82 YRS :20P male DEAD Th. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED Baltimore City USA WIDOWEDXIX DIVORCED Oklahoma FILED, 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS PAGE Annor Court FOR MOST OF WORKING LIFE) OR INDUSTRY A 3. RETAIN TO 2 SHOULD BE FOUT RECORDS. Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13b. COUNTY 13e STREET ADDRESS 2424 Annor Ct. Baltimore YEST NO [MD SES 1, 2 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST FORM 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Barcella Fuller 1027 N. Cathedral 218-07-3265 No 18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c),) · APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease W. PRESTON ST DUE TO, OR AS A CONSEQUENCE OF REMOVAL Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. OR AND DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E 3 SHOULD BE US E DEPARTMENT OF PRIOR TO BURIAL, OF YES [] XXON 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. 21e. PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 21201 22a. I certify that I taak charge of the remains described above, held an LXX Autopsy Inquiry ARYLAND. TO MEDICAL EXAMIN
EXECUTE THE CERTIFIC
PAGE 4 SHOULD BE
TO FUNERAL DIRECTO
AFTER DEATH WITH IN
BALTIMORE, MARYLANI 38 death resulted fram: Hamicide L Undetermined manner TITLE (SPECIFY) ACTUAL 7/31/80 DATE Assistant MEDICAL EXAMINER SIGNATURE SIGNED EXAMINER'S NAME ADDRESS 111 Penn Street Baltimore, MD (TYPE OR PRINT) Hormez Guard M.D. 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE BP Anne Arundel Co., Md. Mt. Calvary Cem. 8/4/80 Burial 24. FUNERAL DIRECTOR 250, DATE REC'D. BY REGISTRAR 25h BEGISTRAR'S MGNATURE **DHMH-17** Tistry Malready (VR A15 ME (5)) Wm C March 1101 E. North Ave. F/H 15M 7/77



V.	1	FOR STATE REGISTRAR	DEPAR	RTMENT OF HEA	ITH AND MENTAL HYG ATE OF DEATH	0 0	17	3 2
1		ÉCEASED NAME FRST	MIDDLE	LAST		REG. NO	NONTH DAY YEAR	28 HOUR
age 3 leath		Genevi		CRUMP		0	7 28 80	400
fter o	3 5	Female	4 RACE White	S DATE OF MONTH Sept	DAY YEAR	6 AGE (IN YEARS LAST BIRTH	MONTHS DAY	
flied at	1	BIRTHPLACE (STATE ORFOREIGN COUNTRY) Maryland	TO CITIZEN OF WHAT COUNTR	MARRIED WIDOWED	NEVER MARRIED	Baltimore City of		
by the dw it be not		BALTIMORE	11. NAME OF HOSPITAL, NUR.			12a USUAL OCTUPATE (TYPE OF WORK FOR MOST OF Salespers	WORKING LIFE) 12b. KIND WORKING LIFE) INDUSTR	of BUSINESS tzlen's
illed in to lid be file	US 130	UAL RESIDENCE (IF NURSING NOME OR STATE HIS COUN Balt	OTHER INSTITUTION, GIVE RESIDENCE BER	OWN 1	M INSIDE CITY LIMITS?	13. SIREET ADDRESS	ersailles (Court
Completely 1 and 2 shou	14.		nith Jackso		Estelle	WE	Ölw	ine
Pages 1 a	160	WAS DECEASED EVER IN U.S. ARI (YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SE 219 34		Mr. Willia	am D. Crur	np	Same
physicia papers. emoval. ic event		PART I. DEATH WAS CAUSE	ly one cause per line for (a), (b), D BY: E CAUSE (a)	,	1 discuss	4	BETWEE	N ONSET AND DE
ben signed by the att	Tion		DUE TO, OR AS A CONSECTION OF THE CONTRIBUTIONS CONTRIBUTIONS TO THE CONTRIBUTION OF THE CONTRIBUTIONS TO THE CONTRIBUTION TO THE CONTRIBUTION TO THE CONTRIBUTION TO THE CONTRIBUTION TO THE CONTRIBU	O DEATH BUT N			ITION GIVEN IN PART	
an. cate has b it permit. ygiene pri 18 shows	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI			200 AUTOPSY?	IN CERTIFYING CAUS	NO [
nding physician. Iter this certificate ha ne burial-transit pern and Mental Hygiene srked or Item 18 sho	/ 1	OR CONTRIBUTION C CAUSE OF OF	LICING A MA MODITUE		NO.NE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART I OR PART I	2)
After the the burish and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		TII LOCATION STREET	City OR TOW	n COUNTY	STATE
ECTOR: A for use as to the Health em 21 is m.		saw the deceased alive an	attended the deceased from	and and	that in (my) our apinion	death accurred on the do		
RAL DIRE		226 SIGNATURE	Panell	M		MEDICAL STAF	F ! -1/	TE SIGNED
retained by the high of the hi		James C	Jorrell		UNION MEN	MORIAL HOSPI	FAL	
BP		BURIAL, CREMATION, REMOVAL (SPECKY) Entombment	7/31/80	Lorrair	ne Park	231 LOCATION CITY OR TOWN Balto.	COUNTY	STATE
DHMH-16 25M (VRA 15, 4) 1/79		FUNERAL DIRECTOR Henr 4905 York Road	V W. Jenkins	& Son d. 212		JL 30 1980	25b. RECISTRAR'S SIGN	Credy

Land State of Naryland Baltimore Towson x 17 F. Versailles Court Smith Jackson Estells 219 84 6852 Mr. William D. Crump Entembried 7/81/30 Lonnaine Park to Long Lo. Long Lo. Long Lo. e offee 4806 York Ford Balto., Md. 21212 Little Aug Salto

	- 1	500		STATE OF MARYLAND	A CONTRACTOR	
		FOR STATE REGISTRAR	DEPAI	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	B O REG, NO.	17329
· CBA		DECEASED NAME FIRST TYPE OR PRINT) CATILES	Middle :,≫€ Florence	C 1 O O M	2e DATE OF DEATH MONTH	18 - 80 12:18 P.M.
no de la companya de	1	SEX	4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	18-80 12:18 PM
ge 4	1.	FEMOLE	VC	MONTH DAY YEAR 1908	7 2 YR	MONTHS DAYS HOURS MIN
erol dir	3	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Marvland	76 CITIZEN OF WHAT COUNTS	MARRIED NEVER MARRIED WIDOWED M DIVORCED	BOLTO C	MD.
by the functified within	0	BOLTO.	(IF NOT IN SUCH FACILITY, GIVE STI Edgewood 1	SING HOME OR OTHER INSTITUTION HEET ADDRESS) TUTSING HOME	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Teacher	12b. KIND OF BUSINESS OR
24 hour filled in ould be must be	3	SUAL RESIDENCE (IF NURSING HON 30 STATE 136 C	AE OR OTHER INSTITUTION, GIVE RESIDENCE BE OUNTY 130 CITY OR TO Baltin	OWN 134. INSIDE CITY LIMITS?	134 STREET ADDRESS 5511 Woodlaw	n Rd.
ompletely ond 2 sh	70	Leonard J. Cu	MDDLE LAST	15 MOTHER'S MAIDEN NA FRIST Flore	nce M. Brown	LAST
n and co	1	(YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? 166 SOCIAL SE (CIVE WAR OR DATES) 216-10-		ADDRESS t McKeown	Same
law requires that the death cer is been signed by the attending ermit. Then please remove carbo e prior to buriol, cremation, or re is any injury, as ather traumatic e	7	Conditions, if any, which gove rise to immediate couse to 1, stating this underlying cause lost PART 2 OTHER SIGNIFICA 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSECUTION OF THE CONDITIONS CONTRIBUTING TO	E RECOUSET CUAS.	20g AUTOPSY? 20b IF	GIVEN IN PART 1(a) YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
SICIAN. The lang physician certificate has rial-transit per ental Hygiene than 18 shows			FDEATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM	YES NO 18, PART 1 OR PART 2)
DING PHYSICIA or ottending pl After this certifice as the burial-to alth and Mental		OR CONTRIBUTING CAUSE OF CAUSE	21e PLACE OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY STATE
Pitol TIEN TOR for us		saw the deceased alive	ospital) attended the deceased from 7-15-50	DEGREE ATTENDING	death occurred on the date and l	hour and from the couses stated 22c. DATE SIGNED
HOSPIT	1	224. PHYSICIAN'S NAME (T	MATHERON	•		WTWW 1-P 211.
BP		30 BURIAL, CREMATION, REMO (SPECEY) Burial	VAL 236. DATE 22 July 21.1980	3. NAME OF CEMETERY OR CREMATORY New Cathedral	23d LOCATION CITY OF TOWN Baltimore Cit	county STATE y. Maryland
DHMH-16 20M (VRA 15, 4) 7/7		FUNERAL DIRECTOR NAME Sitchell-Wiedef	eld Home, Ing.	6500 York Rd. Balto., Md. JUL	TE REC'D. BY REGISTRAR 256. REG	STRAR'S SIGNATURE

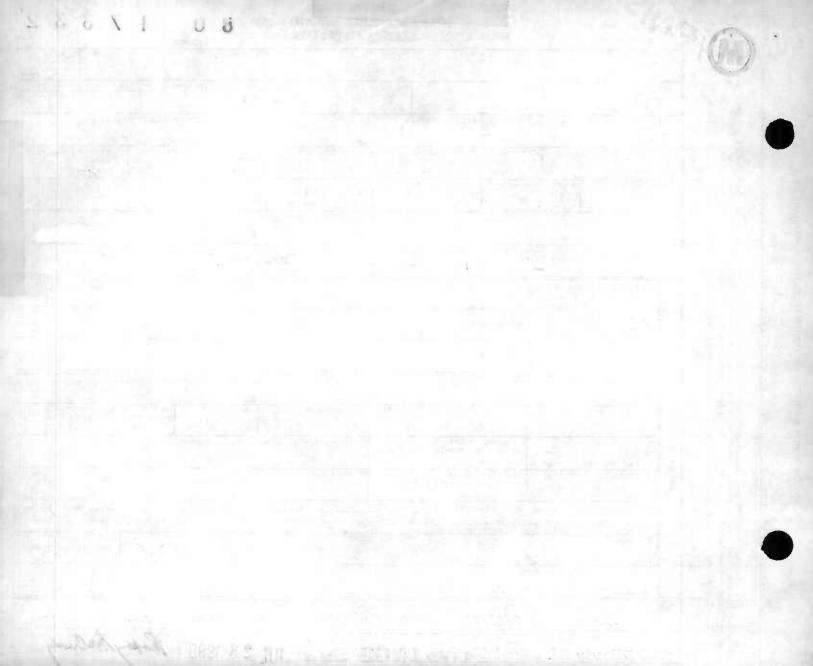


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 2n DATE OF DEATH MONTH DAY 7h HOUR LTYPE OR PRINT) EDWALD CURTIS 3 SEX RACE 5 DATE OF BIRTH . AGE (IN YEARS LAST SIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS MONTH HOURS 09 BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE ISTATE OR FOREIGN COUNTRY MARRIED NEVER MARRIED SAZTINGUE MARYUM WIDOWED 1 DIVORCED [ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTINOME 4 NOWPLOYIED USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d INSIDE CITY LIMITS? 130, STREET ADDRESS 608 WLEXINGTON mo 4. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE 50 Rous &= ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OF INKNOWN) | FYES, GIVE WAR OR DATES Ernestine E. Smith 608 W. Lexington St YES. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. ALGE CELL CALLINOMIA OF LUNG. 18 MONTHS IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? sho NOF YES [NO 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 214 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (# EITHER, NOTIFY MEDICAL EXAMINER) P.M. 71d INJURY OCCURRED 21ª PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK August 22a L certify that (1) (this hospital) attended the deceased fram. saw the deceased alive an. _____, and that in (my) (aur) apinion death occurred an the date and four and fram the causes stated abave (1) (did) (did) (did) view the bady after death. DEGREE FLACI FICIA ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHY SICIAN'S NAME (TYPE OF PRINT) 22e ADDR ld be 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 236. DATE (SPEC#Y) CITY OR TOWN STATE Burial 7/7/80 Westview Mem. Pk. Baltimore Co. MD 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 25M 1101 E. North Ave. (VRA 15, 4) 1/79 Wm. C. March F/H 1000

22 Mg 2 2 35 8211CH 60 14 30 159 Look of the There is the Clymanich in 14 1 July 1 and the state of t SUPPLY X SUPPLY SEE SEEK. 0,314 Marketter Acares 8 Marketter 179921 The first of the second 1 311 11:4 THE TO SELECTION OF THE Brown 19 E. the state of the s The company was some some Both line of the said of the said of the said 1. 10 31 ... SERVICE IN THE RESERVE OF THE RESERV

			1			STATE	OF MARYLAND		-	Eng d
0		0	1-	FOR STATE	DEPA		ALTH AND MENTAL HYGI ATE OF DEATH	ENE 8 0	173	51
LEAR !		T		REGISTRAR				REG. N		
0 800	₩ +			CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	10	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
3	poge 3			Gene		CWI	K		7 30 80	1045 6
<u>d</u> <u>E</u>	ofter ofter		3. SE:	r /	4 RACE	5. DATE OF	BIRTH YEAR	AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR	IF UNDER 24 HRS
, a6	recto urs a			female	WHITE	8	26 13	66	YRS.	MIN.
H	ol di	ام رؤ	7a. Bl	OUNTRY)	TE CITIZEN OF WHAT COUNTE	Y? 8	8 NEVER MARRIED		R COUNTY OF DEATH	
Z Too	In 7	35	11	ARYLAND	U.S.A.	WIDOWED		Baltimo	ore City	MD.
H	with	Ped 7	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR	OTHER INSTITUTION	120 USUAL OCCUPAT	ON 126. KIND O	F BUSINESS OR
900 ×	by ti	3	12	ALTIMORE	Johns Hopk	ins Hos	spital	HOME	MAKAD	
212	De n	a pe	U5U/	L RESIDENCE (IF NURSING HOME OR OTTATE 136 COUNTY)	OTHER INSTITUTION, GIVE RESIDENCE BE	ORE ADMISSION)		- STORET ADDRESS		
Lan VIAND	ould a	到五	m	DRYLAND	RALTI		3d INSIDE CITY LIMITS? YES PO	30. STREET ADDRESS	EllWOOD	AVE
は一番	2 sh	ine	14. F.A	THER'S NAME		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	MOTHER'S MAIDEN NAM			5-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
MARYLA MARYLA J	ond	**************************************	1	- RANAIS	SIERAK	A CONTRACTOR	FELINIE	MIDDLE	LAS	r
	S - S	-		AS DECEASED EVER IN U.S. ARA		CURITY NO. 1	7. INFORMANT	ADDRE	SS	
IMO W	Poges	medico	()	ES, NO OF UNKNOWN] (IF YES, GIVE	WAR OR DATES) 220 114	16908	WAITED (wik 5	17 N. F11111	INN AUE
= = =	ers.	the		II CALISE OF BEATH (Enter only	VIA - 14	010012	NANIER C	WIN OI	APPROXI	MATE INTERVAL DISET AND DEATH
DA COM	dod ovon	ent,		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY:	ond (cl.)	Arrest		BETWEEN	INSET AND DEATH
01	ng hour	o o		11 5 17 10 IMMEDIATE	E CAUSE (o)	n ana	1111151			
DO #	e co	mot		70/0	DUE TO, OR AS A CONSEC	DUENCE OF	12.1	· die		
E SUPERIOR DE LA COMPANSION DE LA COMPAN	movino notice	trou		Conditions, if ony, which gove rise to immediate	(b) U	110019	ing Calific	26 41374	250	
non-med 201 w. Preston 5	by the	other		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEC	DUENCE OF				
0.5 # s	pleas	ō			(c)					
DS.	sign o bu	lory,	z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING T	O DEATH BUT NO	OT RELATED TO THE TERMIN	AL DISEASE OR CON	DITION GIVEN IN PART 110	j (1
Released as pivision of vital recorbs.	it. T	ony in	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHI	1361	Viake Ki	mellin	LOOL IF MES WERE FINISH	
REG	perm perm	0 9	E.	174, DATE OF OFERATION	198. CONDITION FOR WHI	CH OPERATION V	W AS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES	OF DEATH?
TAI The	Sit gie	eg -	ERT	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	10	II. HOW BUILDING CONTROL	YES NO	YES 🗌	но 🗌
OF VI OF VI ICIAN: 9 phys	certifical rial-tran ental Hy	8 4		OR CONTRIBUTING CAUSE OF DEAT		DAY YEAR	I C. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART 2)	
Sic Sic		Hem	CA	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19				
e PH SOL	this he bu	o pa	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC		II. LOCATION STREET	CITY OR TO	wn COUNTY	STATE
2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	os t	morke		WHILE NOT WHILE AT WORK						
0 0	Use Use	E S		22a.1 certify that (1) (this hospital			2 PM 7/30 19 80	, to 1045F		that (I) (we) lost
ATTEN	CTO Fe	121		saw the deceased alive on obove, (1) (we) (did) (did not	view the body ofter death.	, and t	that in (my) (our) opinion de	oth occurred on the de	ate and hour and from the	couses stated
- × ×	DIRE sched Dept	Hen		27k SIGNATURE	1 11/11	DE	GREE	merena con	71t DATE	SIGNED,
AL O	A PE	±		-	1 HELVIN	0 M	ATTENDING T	MEDICAL STAN		30/30
SPIT d b	S e E	Z-		274 PHYSICIAN'S NAME ITTH OR	PRENTS	12	7# ADDRESS	- //	1 11	
HO	TO FUN should b	NO V		Jan	es HALL n	0	John	25 /601	125 HAS	1/4/
0709	T & X	₹	23e. f	UBM, CREMATION, REMOVAL	13h_DATE / 12	MAME OF CEM	TERY OR CREMATORY	THE MOSTATION ,	17	
BP			1	DURIAL.	8/4/801	106.11	ASARY (Em	JANT!	MARE	mx
	6 30M 2/B	0	71 51	NERAL DIRECTOR	11/001	156	250. DATE	REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATI	URE
	A 15, 4)		A	Aymons L. K	ACZOROWICH	FIL	FAUG	1 1980	Listra hel	Bready

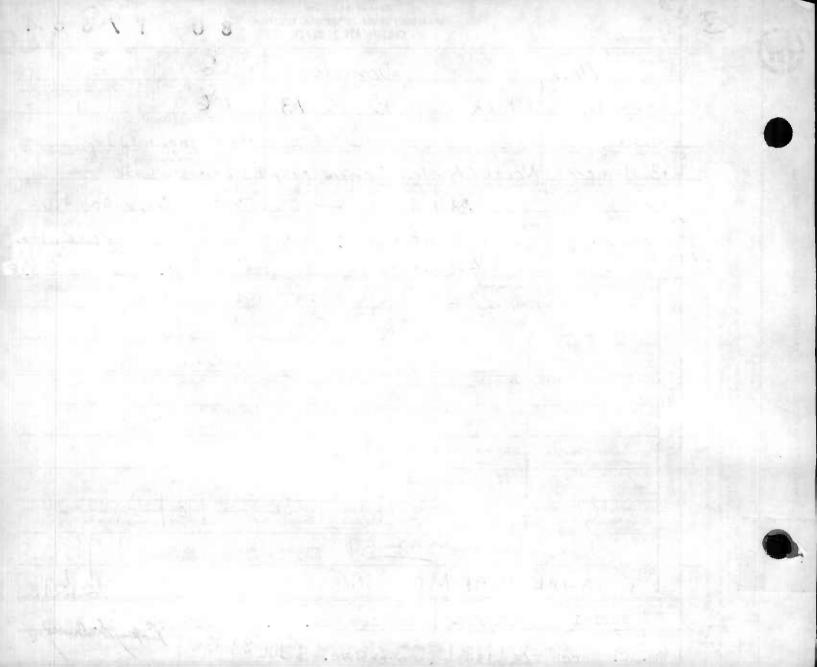
STORY DOS DE BILTIME E CHE COLL STEELS TO THE CONTROL AVE. Extragal Service Contract A Morrow L. March 1980 1 380 1 380 1 380 1 September 1980



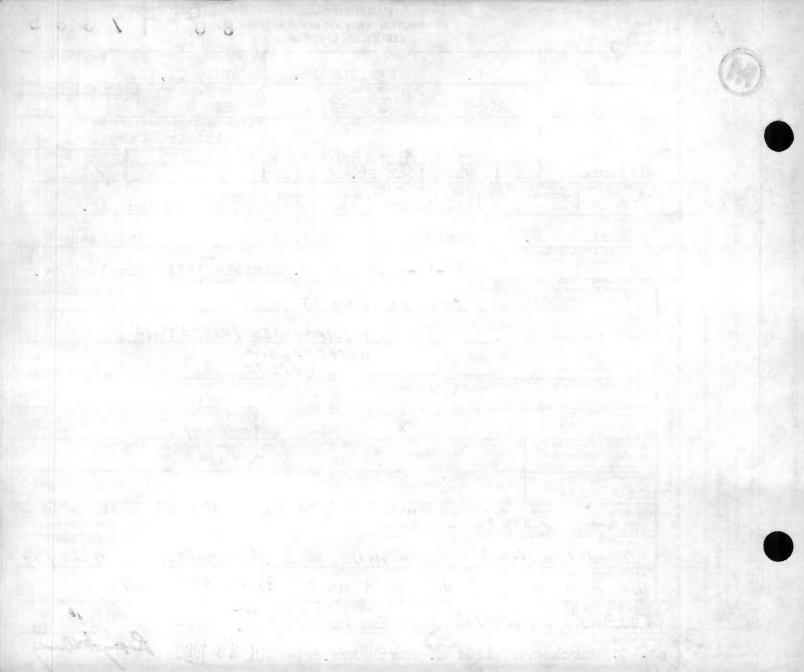
30		FOR		DEB 4 DE		UF MAKTLA		IPAIR #3	~	1 7	2	~2 ~2	
0	1.	STATE REGISTRAR		DEPART		EALTH AND W		BIENE B	REG, NO.	1 /	3	3 3	
/	I. DE	CEASED NAME FIRST		DOLE	•	AST		26 DATE OF D	ATH MONT	TH DAY		26. HOUR	
		ELSI		•		AHL			+	26	80	6.45	
nce.	3. SE	Female	Caucasi	an	5. DATE C	DAY	YEAR 7	6 AGE (IN YEAR	92	MONTH:		HOURS MIN	
10 P	70 B	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF W		8	□ NEVER M	_	9 BALTIMORE	CITY OR CO		EATH		
(E		MARYLAND		S.A.	WIDOWE	DIV	ORCED [BA	TIMOR	E CITY		M	
of go to		ALTIMORE	11. NAME OF HOUSE IN SUCH I	OSPITAL, NURSING ACILITY, GIVE STREET DEATON	ADDRESS			176 USUAL OC (TYPE OF WORK FO HOUS]		RKING LIFET IN	KIND OF	BUSINESSO	
The Land	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN ARYLAND		BALT TMC	'N I	13d INSIDE CI	TY LIMITS?	13. STREET AD	DRESS RUNSWI	CK STR	STREET, 21223		
2~	14 F/		AIDOLE	BELL	981	15 MOTHER'S	MAIDEN NAMEST TZABET		AIDDLE		TON	SON	
YX	16n \	HARRY WAS DECEASED EVER IN U.S. ARA	MED FORCES? II	SOCIAL SECL	IRITY NO	17 INFORMAN		п	ADDRESS		TOW	SON	
a /	1	VES, NO OR UNKNOWN) 115 YES, GIVE	WAR OR DATES)	213-74-5				HNER 46	BRUN	SWICK	STREE	T. 212	
ent,		18 CAUSE OF DEATH (Enter and										ATE INTERVAL	
2		PART I. DEATH WAS CAUSED	E CAUSE (a)	(7)-a	sal	Cul	Car	cerm	1				
wne		1739	DUE TO OR	AS A CONSEQU	ENCE OF	A A			11			-	
er tra		Canditions, if any, which	(b)		/	uch	vicele	rutic	Hea	t ales	une		
, or othe		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR	AS A CONSEOU	ENCE OF						MC I		
ynin yr	Z O	PART 2 OTHER SIGNIFICANT C	ONDITIONS CON	DALAS	10	NOT RELATED	TO THE TERM	INAL DISEASE (RCONDITIO	ON GIVEN IN	PART 1(a)	1	
18 shows a	CERTIFICATION	190 DATE OF OPERATION	196 CONDITI	ON FOR WHICH		WAS PERFOR	RMED	200 AUTOPS		LIF YES, WEF CERTIFYING YES [
9		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL	21b. TIME OF HOUR A.M P.M	MONTH D	AY YEAR	21c HOW INJ	IURY OCCURE	RED JENTER HATUR	E OF INJURY IN IT	TEM 18, PART I O	R PART 2		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	214 PLACE OF	F INJURY T, FACTORY, OFFICE, I	FARM, ETC.)	21f LOCATIO STREET	N	Ç	TY OR TOWN	co	DUNTY	STATE	
Is		22a.1 certify that (1) (this haspite		deceased fram_	001-	IY	19 80	to	7-26	19	, ti	nat (I) (we) la	
2 8		saw the deceased alive an abave, (1) (we) (did) Adid not	7-20 view the body of	ter death.	, ar	d that in (my) ((aur) apinian	death occurred	in the date a	nd haur and	from the co	auses stated	
H: H		276 SIGNATURE	et)	00	Low		TTENDING HYSICIAN	MEDICAL DIRECTOR	STAFF		7-22	1GNED	
MPORTANT		224. PHYSICIAN'S NAME THE O	Inour	3		22+ ADDRESS	e p.	Char	· Ces f	Cr			
2	23a.	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	23h. DATE 07-30-		LOUDON	EMETERY OR C	REMATORY	23d LOCATE CITY OR TO BALT	TMORE	CITY	MAF	RYLÄÄD	
	24 F	UNERAL DIRECTOR	1 07-30-		LOUDOI	21229	25m DAT	E REC'D. BY REG	ISTRAR 250	OUS THAT'S	Mell		
5M 1/79	1	HIRRARD FUNERAL.	HOME THO	ADDRESS 4107	WILKE	IS AVE.	1111	3 0 19	80 /	halan		1	

A USEL OR THE TELEVISION OF THE PROPERTY OF TH

3	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 0 REG. NO.	17334
y be 3 leath	(TYPI	CEASED NAME FIRST NAME OR PRINT)	MIDDLE	Daniels	20 DATE OF DEATH MG	7 18 80 2.30 PM
Page 4 may be rrector, page 3 urs after death once.	_	emale	Black	5 DATE OF BIRTH	6 AGE (IN YEARS 165T BIRTHD	MONTHS DAYS HOURS MIN
ter desin.		S. C.	TO CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED MIDOWED DIVORCED MIDOWED	BALTIMORE CITY OR	ce Cilco Mo.
s af	j) USU	Balfimore ALRESIDENCE UF NURSING HOME OR	North Charlo	IT ADDRESS) OS Corners Hosp ORE ADMISSION	CTYPE OF WORK FOR MOST OF W	VORKING LIFE) INDUSTRY
within 24 within 24 should be		STATE 136 COUNTY	PA-17-	YES NO D	AME	Crevi Son Huy
accuted v complete s 1 and 2 s		LADSON VAS DECEASED EVER IN U.S. ARM	MED FORCES? 166 SOCIAL SEC	Ph ESG-R URITY NO 17 INFORMANT A	ADDRESS	MC CUTHEON
ficate be e dificate be e viitcate be event, the viitcate be event, the	-	No , _	- 213:36		omas 3810 W	I. Garrison Ave.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 DING PHYSICIAN. The law requires that the death certificate be executed within 24 hour strending physician. After this certificate has been signed by the attending physician and completely filled in by ss the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled than and Mental Hygiene prior to burial, cremation, or removal. The medical examiner must marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be a strong to the strong traumatic event, the medical examiner must be a strong traumatic event.		Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost.		ente perpi	faller	4
The law requires that been signed remit. Then pleas sen en prior to burial shows any injury.	CERTIFICATION	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY?	TION GIVEN IN PART 1/01 200. IF YES, WERE FINDINGS USED IN CERTIFY ING CAUSES OF DEATH?
HYSICIAN: The physician. Is certificate ha ial-transit permitmental Hygiene or Item 18 sho		21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	TH HOUR A.M. MONTH	DAY YEAR	YES NO	YES NO
IDING PHY strending phy strending phy strending phy strength strength and Men marked or marked or strength stre	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 214. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTEN TOR USE 1 Hea		22a I certify that (1) this hospite sow the deceased alive on above. (1) (we) (did) (did not	7 15		death occurred on the date	. 19
TO HOSPITAL A A retained by the hospital TO FUNERAL DIREC should be detached for with the State Dept. of MIMPORTANT: If Item		224 PHYSICIAN'S NAME (TYPE OR	THENT)	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	V 0 B
TO HOSPIT retained by t	23a.	BURIAL CREMATION, REMOVAL	CUMAR MI	NAME OF CEMETERY OR CREMATORY	HARLES CIE	N. Hospy galt.
BP	L	Burial UNERAL DIRECTOR		Vestview Mem. Pk	Baltimo	COUNTY STATE OF ON MD D. COMMANDATORY ON AVOID
OHMH-16 25M (VRA 15, 4) 1/79	M	m. C. March I		North Ave. J	1 24 1900	/ /

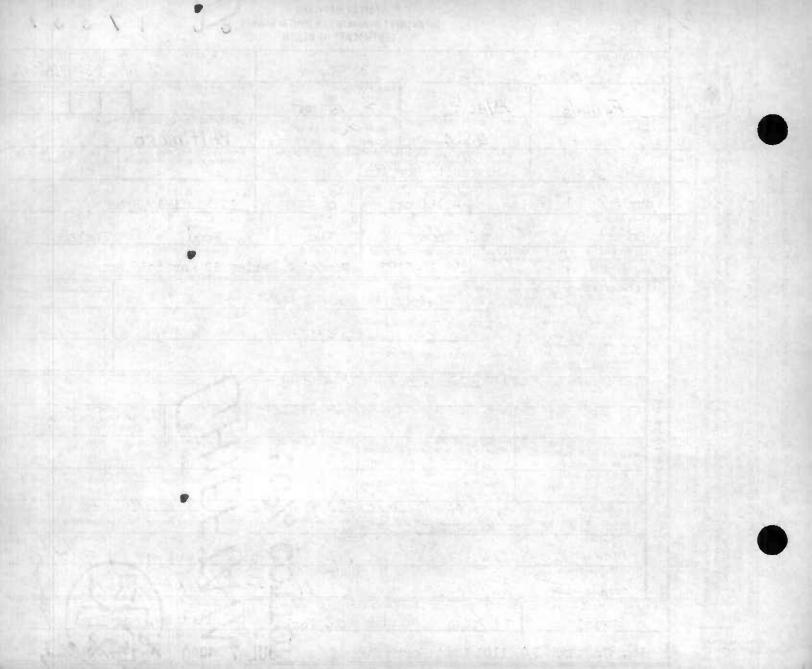


STATE OF MARYLAND



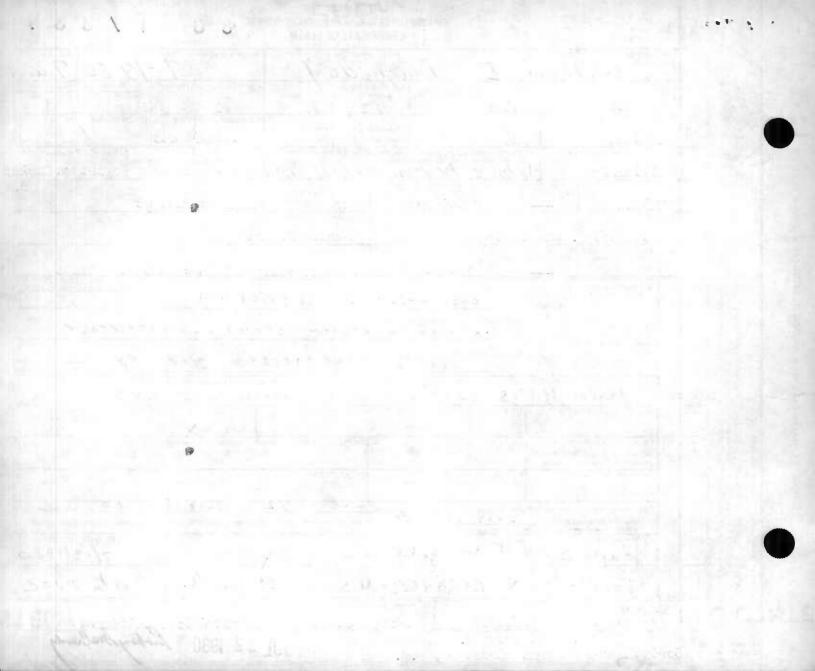
Park. The same same states of the same states and same states are same states and same states and same states are same states and same states and same states are same states and same states and same states are same states and same states are same states and same states are same states and same states are same states and same states are same states and same states are same states and same states are same states and same states are same states and same states are same states and same states are same states and same states are same states and same states are same states are same states and same states are same states are same states are same states and same states are same states are same states are same states are same states are same states are same states are same states are same states are same states are same states are same states are same states are same states are same states are same states are same states are same states are same states are sa

3/	FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 7 3 3 CERTIFICATE OF DEATH CERTIFICATE OF DEATH REG. NO.										
	DECEASED NAME FIRST	MIDDLE		LAST	00.1	20. DATE OF DEATH	MONTH DAY		2b. HOUR				
1	こうし	A G		DATE OF E	16 9	6 AGE (IN YEARS LAST BIRT	T Y	SU.	IF UNDER 24 HRS				
)	FEMAle.	Black		MONTH 7	DAY YEAR	74	YRS	DAYS	HOURS MIN				
of once.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHA		MARRIED /	NEVER MARRIED (R COUNTY O	OF DEATH	MI				
Nonlined 10	Baltimore	(IF NOT IN SUCH FAC	PITAL, NURSING F HITY, GIVE STREET ADDI SITY HOSP	RESS)	OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O		126. KIND C INDUSTRY	OF BUSINESS OR				
0 13	SUAL RESIDENCE (IF NURSING HE BO STATE TOOM		RESIDENCE BEFORE ADVICTOR TOWN		d. Inside city limits?	13e. STREET ADDRESS	eld Roa	ad					
20"	FATHER'S NAME Robert	MIDDLE Jac	ekson	15	Lucy	NAME MIDDLE WOOD							
	(yes, no or unknown) (IFY)	ES CIVE WAR OR DATES	SOCIAL SECURIT		Randolph D	arley 12 Wart			KIMATE INTERVAL ONSET AND DEATH				
illoy of one homore even,	Conditions, if ony, whi gove rise to immedia couse (a), stating t underlying couse lo	DUE TO, OR AS ch te he be total CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	A CONSEQUENCE	CUL CL	NOMA O	The UIN	DITION GIVE	N IN PART 1((01				
9	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYII	196 CONDITION	N FOR WHICH OP	ERATION	WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, IN CERTIFY YES	WERE FINDI	INGS USED S OF DEATH?				
		OF DEATH HOUR A.M.	JURY MONTH DAY	YEAR	Tr. HOW INJURY OCC	URRED (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	T 1 OR PART 2)					
	OR CONTRIBUTING	21e. PLACE OF II (AT HOME, STREET, F	NJURY ACTORY, OFFICE, FARM		IF LOCATION STREET	CITY OR TO	VN	COUNTY	STATE				
flem 21 is morked	sow the deceased of	hospital) attended the delive on Audid not) view the body after	19 5		that in (my) (our) opini	on death occurred on the d	ote and hour		, that (I) (we) lo e couses stated E SJGNED				
*	Mary F.	Maturi		12	MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 7								
MPORTANT:	manger	Mutur	n		Uo	F Md Ki	aspit	aL					
2	30. BURIAL, CREMATION, REM (SPECIFY) Burial	OVAL 23b. DATE 7/8/198			Metery or cremator	Arbutu	s Mai	-					
7	4. FUNERAL DIRECTOR	n F/H 1101 Ea	ADDRESS	n Avei	A CONTRACTOR OF THE PARTY OF TH	DATE REC'D. BY REGISTRAR	25b. REGEISTR	AR' <u>S</u> SIGNA	TURE				



	and the state of t		
93 E2 T			The ball along
		Section of the A	10014
	Mark 18 Charles	Stanta Lit	
the space	RELIGIONS		
Thus person	· · · · · · · · · · · · · · · · · · ·		
		r	
		00 10 1 000	
		0 0 1	o with
		(11) 21	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 2s. DATE OF DEATH MONTH 2b. HOUF (TYPE OR PRINT) 3. SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH ONTHS DAYS HOURS. White Male Non 17 1898 78. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED COUNTRY Maryland Baltimore City DIVORCED | WIDOWED IN CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore Ret - Manager Bouertown Casket USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STATE 136 COUNTY 113c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore 1101 St Paul St Maryland YES M 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST LAST Charles E. Daughadan Grace Seymour MAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 217-01-3613 A Anne Daughaday 1101 St Paul St APPROXIMATE INTERVAL IL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY SEPTICEMIA OVER WHELMING IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF WINFERRED GASEROSTOMY STOMA + KAINARY CAACT Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying GENERALIZED DEBILL cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) CERTIFICATION SEVERE HERPER ZOSTER INFECTION - R THORAX 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20h. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES | NO [71n ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 210 PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) STATE NOT WHILE AT WORK JUNE -1467 220 | certify that (1) (this haspital) attended the deceased fram. JULY 10 80 saw the deceased alive an_ and that in (my) (our) apinian death accurred on the date and haur and from the causes stated abave, (1) (we) (did (did not) view the body after death 221 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING A MEDICAL DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should be with the S MPORT 0 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 234 LOCATION CITY OR TOWN 7/22/80 Parkwood Cemetery altimore 24 FUNERAL DIRECTOR 8728 Liberty Rd. ADDRESS Randallstown DHMH-16 25M (VRA 15, 4) 1/79 Joring Byers Funeral Directors. P.A. Md 21133



Wm. C. March F/H 1101 E. North Ave.

(VRA 15, 4) 1/79

STATE OF MARYLAND

FULLS .. INCHICLET and the second " 28 - 5172 80 - 17/2 80 " at Legal me I want be at 127 The Market of the Market will also exempted as a legical trial of

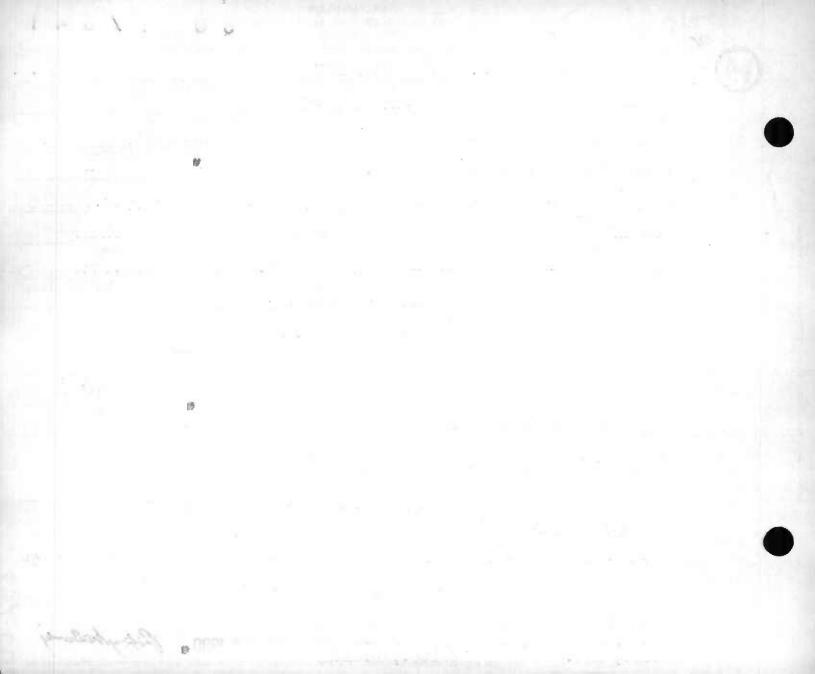
Balto . Md . 21213

(VRA 15, 4) 7/78

Inc

Home.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR FIRST 1. DECEASED NAME O DATE KNOWN 7h. HOUR (TYPE OR PRINT) ESTI-BESSIE DAVIS 18 DEATH MATED 80 N. 19 4. RACE AGE (IN YEARS | IF UNDER 1 YR. 3. SEX DATE OF BIRTH IF UNDER 24 HRS DATE DAY LAST BIRTHDAY PRONOUNCED female 5-16-86 negro 18 19 80 94 DEAD 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED □ Baltimore City USA N.C. WIDOWED VE DIVORCED FILED II. CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) Baltimore Sinai Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13d. INSIDE CITY LIMITS? Baltimore 13e STREET ADDRESS Maryland 4116 Boarman Ave. NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE XXXXXXXXXXXXXXXXX Jackson Num Meekins 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) Laverne Massenburg 4114 Boarman Ave 18 CAUSE OF DEATH (Enter only ane couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cranio-cerebral trauma IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART | | | | CERTIFICATION Arteriosclerotic cardiovascular disease 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? HEAD ONLY OF TO BURIAL, 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TO OR MEDICAL XXX 7-18-1980 Subject fell from 2nd floor porch to ground. CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK Md. Boarman Ave. Balto. home 22a. I certify that I took charge of the remains described above, held an DIRECTOR: and in my opinian death resulted fram Natural causes Undetermined manner TITLE (SPECIFY) TO FUNERAL D
AFTER DEATH, BALTIMORE, MA ACTUAL Assistant 7-19-80 Ann M. Dixon, M.D. 111 Penn St. EXAMINER'S NAME (TYPE OR PRINT) **ADDRESS** 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE Durham Ct N.C. BP Burial Barbee Chapel 24. FUNERAL DIRECTOR 250, DATE REC'D, BY REGISTRAR 25b, REGI **DHMH-17** VR A15 ME (5)) 1101 E. North Ave. Wm C March 15M 7/77

W Comment of the Comm

1		STATE OF MARYLAND	THE OWNER OF THE PARTY OF THE P
1	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8 0 1 7 3 4 3 REG. NO.
	PECEASED NAME FIRST	THO E, DAVIS 200	ATE OF DEATH MONTH DAY YEAR 26 HOLHR
3. S	male	RACE S. DATE OF BIRTH DAY DAY OF BEAR OF THE PROPERTY OF THE P	E (IN YEARS CAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HES MONTHS DAYS HOURS MEN.
855	ALIO, MA		BALLIMONE CITY OF GOUNTY OF DEATH CITY MD.
Colo	BA//O	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF JUSTING SUCH EACHIN) GIVE STREET ADDRESS)	OF WORS FOR POST OF WORKING LEET INDUSTRY
er must be	AL RESIDENCE (IF NURSING HOME OR O PLATE 1136 COUNT	Y 13c COD OR TOWN 13d INSIDE CUTY LIMITS? 130	SREELADGRESS PARKHIGHT ErrAN
www.	7 ilah man	DOLE DAUS 15 MOTHER'S MAIDEN NAME / ETIZABE	thouse Show
e E	WAS DE EASED EVER IN U.S. ARM (YES, N.J. CHUNKNOWN) (IF YES, GIVE V	ED FORCES? 166 SOCIAL SECURITY NO. 12 INFORMANT / ARONDATES) 218-09-8788 Mrs. Mullis	DAVIS 3002 Rosalind Act
emoval.	18 CAUSE OF DEATH (Enter Drily PART I, DEATH WAS CAUSED IMMEDIATE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
er fraumatic	Canditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF	cerval
ather a	gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	pondylasis
y, or		ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL (DISEASE OR CONDITION GIVEN IN PART 1(0)
S ony	190 DATE OF OPERATION		AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? S NO YES NO
	OR CONTRIBUTING CAUSE OF DEATH	LUCUS ALL MONTH BIN VEAD	NTER NATURE OF INJURY IN ITEM 18, PART OR PART 2)
morked or them	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET	CITY OR TOWN COUNTY STATE
21 is ma	220.1 certify that (1) (this haspital saw the deceased alive on above (1) (we) (did) (did no)		occurred an the date and hour and from the causes stated
AT: If them	22b. SIGNATURE	DEGREE ATTENDING ME.	DICAL STAFF ECTOR PHYSICIAN 7/9/80
with the State	Allan KA		a al Balt.
₹ ₹ 730	BURIAN CREMATION, REMOVAL	234 DATE 234 DAME OF CEMETERY DE CREMATORY 234	COLORDON / COUNTY /MINT
16 20M .4) 7/7B	FUNERAL DIRECTOR	VISS ADDRESS 22 /11 No HA ALL 230 DATE REC'	D. BY REGISTRAR 256. BUBISTRAR'S SIGNATURE



1 7 PM	1			STATE OF MARYLAND				
~W/	1	FOR - STATE	DEPA	RTMENT OF HEALTH AND MEN		0	7 3	4 9
10 1		REGISTRAR		CERTIFICATE OF DEA	TH	REG. NO.		12.5
1 /2		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF	DEATH MONTH	- 1	HOUR
ay tange		Evely	n C	Javis		J014 2	5 80	8 24 PM
E 4.	3. SE	х	4 RACE	S. DATE OF BIRTH		ARS LAST BIRTHDAY		F UNDER 24 HRS
Page 4 rirector,		F	B	Dec 12	1910 69	YRS.	MONTHS DAYS H	OURS MIN
dat hour		IRTHPLACE (STATE OR FOREIGN	TE CITIZEN OF WHAT COUNTE	MARRIED . NEVER MAR	RIED BALTIMO	RE CITY OR COUNTY	OF DEATH	
de.		MD	US		CED Da	Himore (ity	MD.
4 11/20	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR I IF NOT INSUCH FACILITY, GIVE STI	SING HOME OR OTHER INSTITU		CCUPATION ;	126. KIND OF B	SUSINESS OR
S SA TOX	1	Daltimore	Universit	y Hospital	No		.,	
3. [W]))	USU 13e	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION 134. INSIDE CITY I	LIMITS? 1130 STREET A	DDRESS		0
1 11 10	1	MD BO	ult Ba		1462	7 Old Fre	ederick	Kol
d with 2 sh	14. F.	ATHER'S NAME	AIDDLE LAST	15 MOTHER'S MA	AIDEN NAME	MIDDLE	O LAST	1
mple and 2		William	Cornis		itina		Corr	115
ond co	160.	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE	CURITY NO 17 INFORMANT	. 1	ADDRESS	1 1 (01
ficate be executed within 21 hour sican and completely little berse. Pages 1 and 2 should to the event, the medical exemiting men		no		0-0558 Franc	ine Harris	114 Hil	lyale	CO
physiciar papers. P proval.		18 CAUSE OF DEATH (Enter on	y one cause per line for (a), (b),	ond icia			BETWEEN ONS	TE INTERVAL
ST., cert g ph n pa rem atic		PART I. DEATH WAS CAUSE IMMEDIAT	E CAUSE (a) Carol	iac livres	+			
eath anding arbon n, or raum		410-	DUE TO, ORAS A CONSE	QUENCE OF	1 0		H	
		Conditions, if ony, which	(16) Claute	2 Myocard	ia Into	irct	10.00	
W. PKEN that the remove cremati		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	QUENCE OF			1 3 3 3 10 10	
00.		underlying cause lost	(c)					
requires signed ken please to burial.	١,	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE	OR CONDITION GIV	EN IN PART 1(a)	
aw am	CERTIFICATION							
The last bermit.	No.	1% DATE OF OPERATION	1% CONDITION FOR WHI	CH OPERATION WAS PERFORME	ED 200 AUTO		YING CAUSES OF	
< Z = # # # # # # # # # # # # # # # # # #	Ē				YES 🗌			NO []
IOF VITAL Physician. S certificate al-transit peenual Hygie ental Hygie	_	OR CONTRIBUTING CAUSE OF DEA	LIGUE A AL MONITH	DAY YEAR	Y OCCURRED (ENTER NAT	JRE OF INJURY IN ITEM 18, P.	ART 1 OR PART 2	
HYS I phy iis ce rial-t Aen't	2	[IF EITHER, NOTIFY MEDICAL EXAMINER]	P.M.	19				
DING P ttending After th s the bur th and A	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE	21 a. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.)		CITY OR TOWN	COUNTY	STATE
NDIN atter A: Af as th alth a		AT WORK AT WORK					P. A.	
TENDI I or atte TOR: A use as ti Health		220.1 certify that (1) (this hospit sow the deceased alive on.	1. 7 7		19_80 , 10_0	my22		ot (I) (we) lost
hospital DIRECT hed for to Dept. of		obove, (I) (we) (did) (did not		and that in (my) (our	r) opinian death accurred	on the dote and hou		
Chec Chec		226. SIGNATURE	()	DEGREE	NDING _ MEDICAL	STAFF V	27. DATE SK	SNED
BITA by th ERA! e deta State		Num	Stairs	D D PHY	SICIAN DIRECTOR	PHYSICIAN (1/20	180
OSP ed b UNE dbe dbe rhe S		226. PHYSICIAN'S NAME (TYPE OF	PRINT)	270 ADDRESS	12.001	11 +	- /	
TO HOSPITAL CHATTEN versined by the hospital or a should be detached for use a with the State Dept. of Heal IMPORTANT: If Item 21 is:		LAIN		IUniv	iersiyy j	403p110	Ч	
2804	23a	BURIAL, CREMATION, REMOVAL		C. NAME OF CEMETERY OR CREA	MATORY 234 LOCA	TOWN	COUNTY	STATE
BP	100	rial	7-28-80	Balto. Nat'l			Paralle Some - Contain M	
DHMH-16 25M		UNERAL DIRECTOR	ADDRESS	-	25a. DATE REC'D. BY RE		KAR'S SIGNATUR	E
(VRA 15, 4) 1/79		Charles A. Ri	ce 1300 Eut	aw Place	1 OUL 40 1	380	Jugar	soly

8 0 1 7 6 Evelyn C Daris - Long 22 16 8 1/2 US TO DOMINOR ON THE PROPERTY OF THE CHAIN Continued University Hospital Property MD Balt Balt X 9627 Old Frederick Set Addition metals and should be start and the first Hilly of the first Cardias Chrest Course Hyperandial Infant The state of the s July 25 July OF US How 55 July X 7/22/80 Kenstra Carres MD University Hospital A LINE WAS A DOC TO THE WAS A TOWN THE WAS A DOCK WELL OF THE PARTY OF

1-			ME	DEPARTMENT OF HEALTH AND MENTAL HYGIENE										5		
	CEASED NAM			WIDDLE			LAST	Ze. DATE KNOWN K MONTH				DAY		2b. HOUR		
2.65	V								DEATH M.	ATED	7			М		
			MONTH DAY	YEAR	LAST BIRTHD	AY) MONTH	DER I YR. IF UNDE	MIN.	PRONOUNCE	D	MONTH 7	70	80	12:10		
		0				8	ED NEVER MAR	RIED 🔽		E CITY OF	COUN			ам		
10.0	TV 05 TO 11	MD	USA WIDOWED DIVORCED Baltimore City											MD.		
4	Baltim	ore	Union I	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Union Memorial Hospital (DOA) FOR MOST OF WORKING LIFE)								12b. KIND OF BUSINESS OR INDUSTRY				
13a. S	MD 136. COUNTY									Ave.	e.					
	odel1						Eliza	beth	MIDDL	E	Pa	ittė	rsol	n		
16a \	ES. NO, OR UNKNO			16b. SOC		Y NO.		4.7. T			2	and an Arra				
=		E DEATH (E-AI					Elizabe	etn D	avis	03/1	Dumk					
	PARTIDE	ATH WAS CAUSED	BY: (7)	unshot	wound (c).)	of	neck (hand	dgun)				BETWE	EN ONSET	NIERVAL		
	965	1	E CAUSE (U)					-			11 10					
	gave ri	se ta immediate	(b)													
			DUE TO, OR	AS A CON	SEQUENCE (OF										
NO																
CAT	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?									20. AUTOPSY?						
ERTIF	21a EXTERNA	AL CAUSE WAS	71h TIME OF INITIDY										s 🔯	NO 🗆		
ALC	UNDERLYING	E OP	HOUR ACA	ZMONTH 7-1	DAY YEAR	Sul			ATURE OF INJURY	IN ITEM 18 PA	RT I OR PAI	RT 2)				
EDIC	21d. INJURY C	CCURRED	21e. PLACE	OF INJURY	(AT HOME	21f. LOC	ATION									
>	AT WORK	NOT WHILE	park	ing Ic	t	820	Argonne I	Dr., B	alto.		COL	YTM		Md.		
40	22a. I certif	fy that I taak charge	e af the remains de	scribed aba	ve, held an	Autaps		an .	Inquiry], and	in my ap	inian	8 71			
	death resulte	ed fram: Nature	al causes ,	Accident	L, Su	cide		Undeter	rmined manne	r .						
	ACTUAL	Chr	1600	m				ot			DATE	7-1	9-80			
	21617	An	n M. Dixo	on. M.	D.	M.	D. 110010041			R	SIGNE	D				
	(TYPE OR PRI	VT)														
23 a. B																
24. F	UNERAL DIREC							REC'D, BX	REGISTRAR 1		RAR'S S	KATU		2		
W		March F			Nort	h Av	e. JU	IL 44	1980	pro	7	Rech	undg			
	1. DI (TY) 3. SE 1. T. 70. E file (TY) 10. C file (TY) 11. DI (TY) 11. DI (TY) 12. SE 11. DI (TY) 13. SE 11. DI (TY) 14. File (TY) 15. SE 16. C file (TY) 16. C file (TY) 16. C file (TY) 16. C file (TY) 16. C file (TY) 17. SE 18. SE 1	I - STATE REGISTRAR I DECEASED NAM (TYPE OR PRINT) 3. SEX MA Le 7a. BIRTHPLACE (SECONDERY) 10. CITY OR TOWN BA L LIM USUAL RESIDENCE 13a. STATE 14. FATHER'S NAMI Odell 15a. STATE 16a. WAS DECEASE (YES, NO, OR UNKNO) 18. CAUSE OF PART 1 DE Condition GOVERNO 19a. DATE OF 21a. EXTERNA UNDERLYING CONTRIBUTION 21d. INJURY OF WHILE AT WORK 22a. I certific death resulted ACTUAL SIGNATURE EXAMINER'S (SPECIFY) 23a. BURIAL, CREMA' BU 24. FUNERAL DIRECT NAME 24. FUNERAL DIRECT NAME 24. FUNERAL DIRECT NAME 25. BURIAL, CREMA' BU 24. FUNERAL DIRECT NAME 24. FUNERAL DIRECT NAME 25. BURIAL, CREMA' BU 24. FUNERAL DIRECT NAME 24. FUNERAL DIRECT NAME 24. FUNERAL DIRECT NAME 25. BURIAL, CREMA' BU 24. FUNERAL DIRECT NAME	The state registrar 1. DECEASED NAME FIRST HAROI 3. SEX HARCE MALE NEGRO 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MD 10. CITY OR TOWN OF DEATH BALTIMORE USUAL RESIDENCE (IF IN NURSING HOME CITY OR TOWN OF DEATH MD 14. FATHER'S NAME OGEL OF DEATH (IF YES, GIVE YES, ON OR UNKNOWN) 18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE IMMEDIATE IN DEATH WAS CAUSE IMMEDIATE OR TOWN OF DEATH (IF YES, GIVE YES, ON OR UNKNOWN) 18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE IMMEDIATE OR TOWN OF DEATH (IF YES, GIVE YES, ON OR UNKNOWN) 19. DATE OF OPERATION 19. DATE OF OPERATION 190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IT WORK AT UAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL CREMATION, REMOVAL 23. (SPECIFY) BURIAL 24. FUNERAL DIRECTOR NAME (TYPE OR PRINT)	THE REGISTRAR I. DECEASED NAME (TYPE OR PRINT) HAROLD 3. SEX A. RACE MONTH NONTH DAY 1. DECEASED NAME (TYPE OR PRINT) HAROLD 3. SEX A. RACE MONTH DAY 1. DECEASED NAME NONTH NONTH DAY 1. DECEASED SITE MONTH DAY 1. DECEASED SITE MONTH DAY 1. DECEASED SITE MONTH DAY 1. DECEASED FOR FOREIGN COUNTRY) MD 1. NAME OF HOR (IF NOT IN SUCH F UNION II. NAME OF HOR (IF NOT IN SUCH F UNION III. NAME OF HOR (IF NOT IN SUCH F UNION (IF NOT IN SUCH F III. NAME OF HOR (IF NOT I	REGISTRAR I. DECEASED NAME (TYPE OR PRINT) HAROLD W. 3. SEX 4. RACE MADDAY MAD 10. CITY OR TOWN OF DEATH BALTIMORE MD 10. CITY OR TOWN OF DEATH MD 10. CITY OR TOWN OF DEATH MD 11. NAME OF HOSPITAL, NU (# NOT IN SUCH FACELITY, GIVE S UNION MEMORY 13a. STATE MD 13b. COUNTY MD 14. FATHER'S NAME Odell MO 15. CAUSE OF DEATH (Enter only one cause per line for (a), (b) PART I DEATH WAS CAUSED BY. Canditions, if any, which gove rise to immediate couse (a) stating the under- lying cause lost. CONTRIBUTING To CONTRIBUTING CONTRIBUTION FOR REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) HAROLD HAROLD HAROLD HAROLD HAROLD W. 3. SEX 4. RACE MEDICAL EXAMIN HAROLD HAROLD HAROLD W. 3. SEX 4. RACE MEDICAL EXAMIN HAROLD W. 3. SEX 4. RACE MONTH MONTH MONTH MONTH MEDICAL 13. CAUSE OF BIRTH MONTH MONTH MONTH MONTH MONTH MONTH MEDICAL MARCH MONTH MONTH MEDICAL MARCH MONTH MONTH MIN DAY MAST MONTH MEDICAL MAST MONTH MONTH MEDICAL MAST MONTH MAST MONTH MEDICAL MAST MONTH MAST MONTH MEDICAL MEDICAL MAST MONTH MEDICAL MAST MONTH MEDICAL MEDICAL MAST MONTH MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MET MONTH MEDICAL MEDICA	DEPARTMENT OF HEALTH MEDICAL EXAMINER'S C I. DECEASED NAME (TYPE OR PRINT) HAROLD W. DA 3. SEX MALE NOTH MODIT HAROLD W. DA B. AGE (IN YEAR) LAST BIRTHPLACE (STATE OR FOREIGN COUNTRY) MD USA WODOW 10. CITY OR TOWN OF DEATH B. LAST BIRTHPLACE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER PASTITUTION, ONE RESIDENCES) USUAL RESIDENCE (IF IN NURSING HOME OR OTHER PASTITUTION, ONE RESIDENCE BEFORE ADMISSION) 13. STATE MD 13. COUNTY MD 14. FATHER'S NAME Odell Odell DAVIS 15. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1 DEATH WAS CAUSED BY. CONDITIONS, if only, which gove rise to immediate couse (a) stating the under- lying couse last. CONTRIBUTING CAUSE OF DEATH II: 51M. T-18-19 80 State WHILE ATWORK ATWORK ATWORK ATWORK AND DEPARTMENT OF HEALTH MEDICAL EXAMINER'S C NAME DAV SEESTINGON PARKS PART 2 OTHER SIGNIFICANT (ONDITIONS CONTERBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE UNDERLYING 21st. EXTERNAL CAUSE WAS UNDERLYING 21st. EXTERNAL CAUSE WAS UNDERLYING 21st. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION W. 21st. EXTERNAL CAUSE WAS UNDERLYING 21st. INTRODUCT OR AS A CONSEQUENCE OF CONTRIBUTING CAUSE OF DEATH III: 51M. T-18-19 80 State WHILE ATWORK ATWORK ATWORK ATWORK AND 17b. CITIZEN OF PRINT! MARCH MEDICAL EXAMINER'S CERTIFICATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE Last Last MEDICAL EXAMINER'S CERTIFICATE MEDICAL EXAMINER'S CERTIFICATE MEDICAL EXAMINER'S CERTIFICATE Last Last MEDICAL EXAMINER'S CERTIFICATE MEDICAL EXAMINER'S CERTIFICATE MEDICAL EXAMINER'S CERTIFICATE MEDICAL EXAMINER'S CERTIFICATE Last Last Last MEDICAL EXAMINER'S CERTIFICATE MEDICAL EXAMINER'S CERTIFICATE MEDICAL EXAMINER'S CERTIFICATE Last Last Last Last MEDICAL EXAMINER'S IN INCIDENT MEDICAL EXAMINER'S INCIDENT MEDICAL EXAMINER'S INCIDENT MARRIED NEVER MARK MEDICAL EXAMINER'S MARK MEDICAL EXAMINER'S MARK MEDICAL EXAMINER'S NAME MEDICAL EXAMINER'S NAME MEDICAL EXAMINER'S NAME MEDICAL EXAMINER'S MARK MEDICAL EXAMI	DEPARTMENT OF HEALTH AND MENTAL HYGIEN MEDICAL EXAMINER'S CERTIFICATE OF DEA MEDICAL EXAMINER'S DAYS MEDICAL EXAMINER'S LANGES DEPARTMENT OF HEALTH AND MENTAL HYGINE MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. DECEASED NAME (ITH ORTHON) HAROLD W. DAVIS	DEPARTMENT OF HEALTH AND MENTAL HYGING MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I.DECEASED NAME (ITH OF MARK) JAST Serial Processor Part Pa	DEPARTMENT OF HEALTH AND MENTAL HYGIENG STATE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH ILDICEASED NAME (1981) MARCID MARCH	DEPARTMENT OF HEALTH AND MENTAL HYGIENG STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. DATE OF BRITH HAROLD W. DATE OF BRITH DATE DATE OF BRITH DATE DAT						

	→ Value of Contract on the Employment Advisor of the Contract of the Con
	Zelženo i slucial militaria i semesti.
Parties in	
	THE RESIDENCE OF THE PARTY OF T
	the first term be a sense of the first terms.
0-0-7	
of the burney	A THE SECOND OF THE SECOND SEC

2 1.	FOR				DEPART	STA TMENT OF		ARYLAN AND ME		YGIENE			4 4003	4514		
)	- STATE				MEDICAL	EXAMIN	ER'S C	ERTIFIC	CATEO	F DEA	HU	REG. NO	1	5	4 6)
	DECEASE TYPE OR PRI	D NAME NT)	Hei	nry	A.		Dav	'is		20	OF DEATH	NOWNXI ESTI- MATED	7 MONTH	21 ₁₉ 8		HOUR
	male	4. RAC	ack	S. DATE OF 8	IRTH DAY YEAR 20 50	6. AGE (IN YE. LAST BIRTHD) 29	AY) MONTH		IF UNDER		DATE RONOUNG DEAD	CED	MONTH 7	DAY Y	EAR 2d	HOUR :51
7 a	BIRTHPL FOREIGN C	ACE (STATE OR OUNTRY)	c.		USA		10	ED NEV	/ER MARRI	ED 🔼	BALTIMO	recity	_	Y OF DEAT	Н	• M
10.		TOWN OF DE.										12b. KIND O OR IND	iss			
	UAL RESI	MD	RSING HOME O		on, give residence 13c. CII Bal	Y OR TOWN	e	13d. INSIDE CI	TY LIMITS?	13e. STREE 481	t addres	s ark E	leiał	nts A	ve.	
5	FATHER' Hen	ry		MIDDLE H.	Dav			Sa	$alli\epsilon$	NNAME	Ma	DLE		Ses.		
160	NC (YES, NO.	ECEASED EVER OR UNKNOWN)		WED FORCES? WAR OR DATES)		S- $44-70$		Rev.		nry H	i. Da	ADDRESS Vis		Par	k Ho	jts.
200	PART 2	conditions, if it is to a use (a) stating ying cause last.	IMMEDIAT any, which immediate the under-	TE CAUSE (a) DUE TO (b) DUE TO (c)	O, OR AS A CO	OT WOUN INSEQUENCE (INSEQUENCE (LATED TO THE TERM	OF OF				ien (aun : ui	nspec	APPRIOR APPRIOR		
CERTIFICATION	19a. D	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?									20. AUTO	XX NO				
MEDICAL CER	CON	RLYING TRIBUTING TO THE PROPERTY OF THE PROPER	OR CAUSE OF E	HOUR 2:41 21e. PL	AE OF INJURY A.M. MONTH AM. 7 ACE OF INJURY	21 ₁₉ 80 Y (ATHOME,	shc 21f. LOC		assai	lant.						STATE
	AT W 22 deat ACTU SIGN EXAM	h resulted from	took charge	XX S	a described of	ove juffed an	A freque	TITLE (SE	Inspection ide XX	Undetern	Inquiry [nner ,	DATE	inian	//21/	
L	(SPECIFY)	CREMATION, F Buri		3b. DATE 7/26/		NAME OF CEA		ial F	Park		ltim			o.	STATE MD	
	NAME	C. Ma.	rch F	r/H 1°	Î01 E.	Nort	h Av			EC'D. BY R	A 198			MATURE	rudy	

AND THE PROPERTY OF THE PROPER the state of the s sets rich though the vertex . 7000 at the develop The file of the court of the second of the s The Committee of the control of the

Capt. NW

R. Woodfork 1722

FOR

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

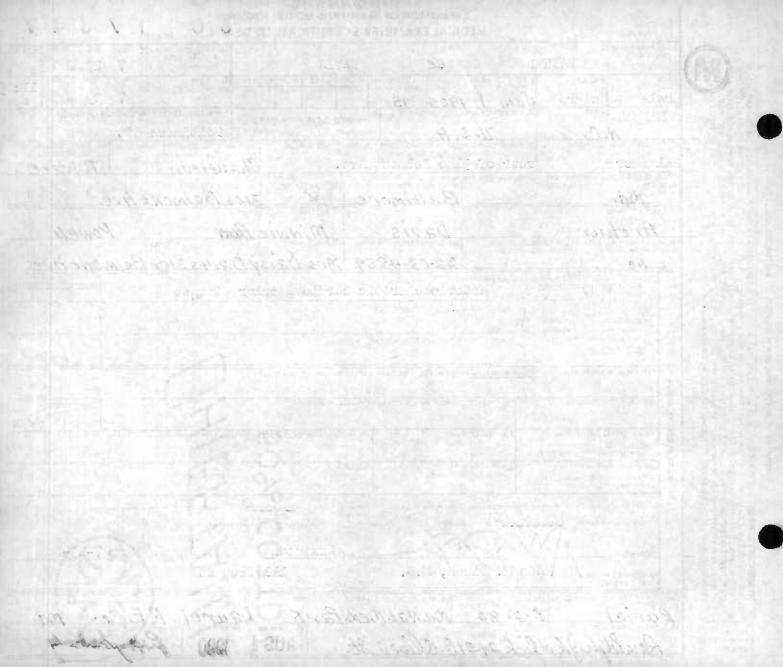
Control of the second s The second secon The state of the s The same of the sa The second of th 07 62 -0 - Hattaynertt. That err 1 - 1 70 TO Sales Made Comment of the allowing a street of the sales

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME MIDDLE 2a DATE OF DEATH MONTH YEAR 26. HOUR (TYPE OR PRINT) 80 Alfred 1045A 3. SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH IF LINDER LYEAR IF UNDER 24 HRS MONTH YEAR ale hite TO BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE, MARYLAND 21201 Chief, Inspector Sanitary USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 131 COUNTY 13d INSIDE ITY LIMITS? Baltimore 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Hall Davis Harry Gertrude 160 WAS DECEASED EVER IN U.S. ARMED FORCES Sparks, Maryland 166 SOCIAL SECURITY NO 17 INFORMANT (YES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 15335 York Rd. Yes WW 2 216-07-3904 Mrs. Helen B. Davis 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF 5 CIVV hosi 0 huev Conditions, if any, which gove rise to immediate couse (o). stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause Backeremic ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 9 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED ď IN CERTIFYING CAUSES OF DEATH? traahdomina NOIX burial-tronsit p YES [NO ACCIDENT WAS UNDERLYING 71h TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from. 80 80 saw the deceased alive on , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (we) (did) (did not) view the bady after death 226. SIGNATUR DEGREE 22c DATE SIGNED should be detach ATTENDING MEDICAL MPORTANT PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME 22e. ADDRESS LIVE OF PRINT 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY Burial Cockeysville, Balto. Co., Md. 7/9/80 Dulaney Valley Cem. 24. FUNERAL DIRECTOR DHMH - 16 50M 1/76 (VR A 15 (4)) Martin D. Lawson 10 W. Padonia Road Timonium

man be and Lighten L. read. Maria Committee of the control of th

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME FIRST On DATE KNOWN IX MONTH DAY YEAR 2b. HOUR (TYPE OR PRINT) ESTI-WALTER TICE DAVTS 1.80 DEATH MATED 29 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 21 10 BC MONTH YEAR LAST BIRTHDAY PRONOUNCED FUNERAL DARES FOR YOUR ,.80 male DEAD 29 a M negro 7a. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? PREST 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Baltimore City DIVORCED WIDOWED FILED, 120. USUAL OCCUPATION (TYPE OF WORK II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY FOR MOST OF WORKING LIFE! rear of 3106 Belmont Ave. Baltimore Private Mauffelle USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 134 INSIDE CITY LIMITS? 13e. STREET ADDRESS ltimore 06 BELMONE AVE REC YES I NO WITH FORM PM 3.

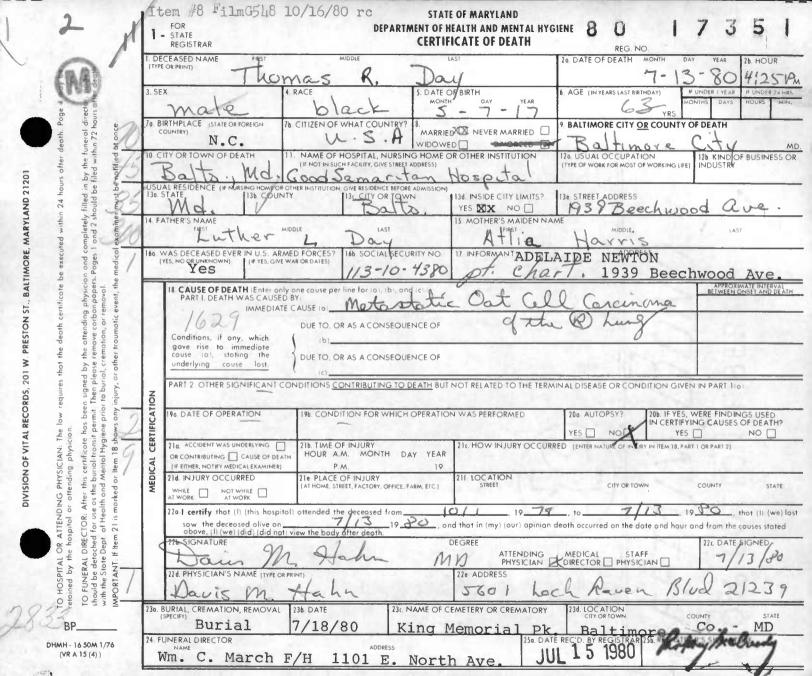
IT. PAGES 1 AND 2 SH
DIVISION OF VITAL R 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Powell 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES VIS 3106 BelMONE AVE IB CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which HEALTH AND MENTAL gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF TO BURIAL YES | NO X WARDED TO THE CAGE 3 SHOULD BE TATE DEPARTMENT C BE 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING UOR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21201 PRIOR 21e. PLACE OF INJURY SATHOME. 71d INJURY OCCURRED If LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK STATE JO MEDICAL EXAMINER:
EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORT
TO FUNERAL DIRECTOR:
AFTER DEATH, WITH THE ST
BALTIMORE, MARYLAND, 21 22a. I certify that I took charge of the remains described above, held on SHOULD BE FOR Autopsy and in my opinion deoth resulted from: Homicide Undetermined monner TITLE (SPECIFY) ACTUAL DATE 7-29-80 Assistant SIGNATURE MEDICAL EXAMINER 111 Penn St. EXAMINER'S NAME (TYPE OR PRINT) **ADDRESS** 230. BURIAL, CREMATION, REMOVAL 236. DATE 236 LOCATION STATE BP Buria 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR **DHMH - 17** (VR A15 ME (5)) 15M 7/77



) •		FOR STATE REGISTRAR	.0a-22a h	rc		MENT OF	HEALTH	AND ME	NTAL HY	3.45	0	REG. NO.	7	3	5	0
- American		CEASED NAME PE OR PRINT)	JACE	<	WIDDLE	Α.	D	AWBON			ATE KNO	WN X	монтн 7	16	YEAR 1080	7b. HOUR
200	3. SE:	ale	h.RACE black	5. DATE OF BIRTH	YEAR	6. AGE (IN YE LAST BIRTHD	ARS IF UN	DER 1 YR.	HOURS M	AIN. PRO	DATE NOUNCED DEAD		монтн 7	16	YEAR 19 80	8 Hause
Secressian American	×	IRTHPLACE (ST PREIGN COUNTRY)		76. CITIZEN OF W	/HAT COUN	VTRY?	8. MARRI WIDOW	IED NEVE	ER MARRIED DIVORCED		altimore Baltin				DEATH	MD.
ANY DELAY IS RETAIN DELAY IS RETAIN PAGE FHIELD BE FHIELD RECORDS, 301 W	E	altimor	re	Police	Boat	Pier ADDRESS)		IER INSTITUTI	ION 12	FOR MOST O	OCCUPATION OF WORKING		OF WORK		ND OF BUS R INDUSTR	
		TATE Md.	IF IN NURSING HOME O	OR OTHER INSTITUTION, C ITY	13c. CITY	E BEFORE ADMISS OR TOWN Lto.	ION)	13d INSIDE CITY	Y LIMITS? 13	street A	DDRESS	hfie	1d 2	Ave.		- 18
MD ATH	14. F	ATHER'S NAME FIRST	0-11-1	WIDDLE		tast		15. MOTHER FIRS	ST MAIDEN I	NAME	MIDDLE				LAST	
BALTIMORE, URS AFTER DE B. GIVE PAGE! WITH FORM PAGES 1 AN DIVISION OF		VAS DECEASED ES, NO, OR UNKNO	EVER IN U.S. AR	MED FORCES? WAR OR DATES)		CIAL SECURIT 9-32-8]		17. INFORMA	ANT		A	DDRESS				
15, 301 W. PRESTON ST., XECUTED WITHIN 24 HOLG "IN PENCIL IN TEM 18 AL EXAMINER ALONG Y BURIAL TENSIT PERMIT AND MENTAL HYGIENE, ON, OR REMOVAL.		PARTIDE Canditian gave ris cause (a) lying cau	IMMEDIA: IMMEDIA: Is, if any, which e to immediate stating the <u>under-</u> se last.	TE CAUSE (a) DUE TO, OI	r as a con	NSEQUENCE	OF	E OR CONDITION 6	GIVEN IN PART 1	(n				BETV	pproximate ween onset	INTERVAL AND DEATH
L RECORI	MEDICAL CERTIFICATION	19a. DATE OF						'AS PERFORM							AUTOPSY?	NO []
JON O	ICAL CER	21a. EXTERNA UNDERLYING CONTRIBUTION 21d. INJURY O	OR G CAUSE OF I		M. MONTH	DAY YEAR	R	OW INJURY O	OCCURRED (ENTER NATURE	OF INJURY IN	I ITEM 18 PAR	RT 1 OR PA	RT 2)		
DIVISIC THIS CERTI , WRITING WARDED 1 PAGE 3 SH TATE DEPA	WED	WHILE AT WORK	NOT WHILE C		CTORY, FARM, E		240	CATION STREET 30 Blk.	. s. c	linto	ortown n St.	Bal		ore	Md	STATE
LO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FOR- TO FUNERAL DIRECTOR, PAGES AFTER DEATH, WITH THE SIS BALTIMORE, MARYLAND, 21		22a. I certif death resulte ACTUAL SIGNATURE		ge of the remains de ral causes ,	Accident		Autop	Hamicid TITLE (SPE	ECIFY)	Undetermin		X,	DATE SIGNE		7-18-	80
TO MEDI EXECUTE PAGE 4 TO FUNE AFTER DE BALTIMO	23a.B	EXAMINER'S I (TYPE OR PRIN URIAL, CREMAT	NAME Marg	arita A.				ADDRESSR CREMATOR		Penn 23d LOCATI	Stree	t	COU	NITY	STA	TF.
BP DHAH - 17 (VR A15 ME (5)) 15M 7/77		Remo UNERAL DIRECT NAME Anatomy		7/29/80 Baîto	s, Md			25	50. DATE REC	'D. BY REG	ISTRAR 25	List		hod.	7	

OF 44 4

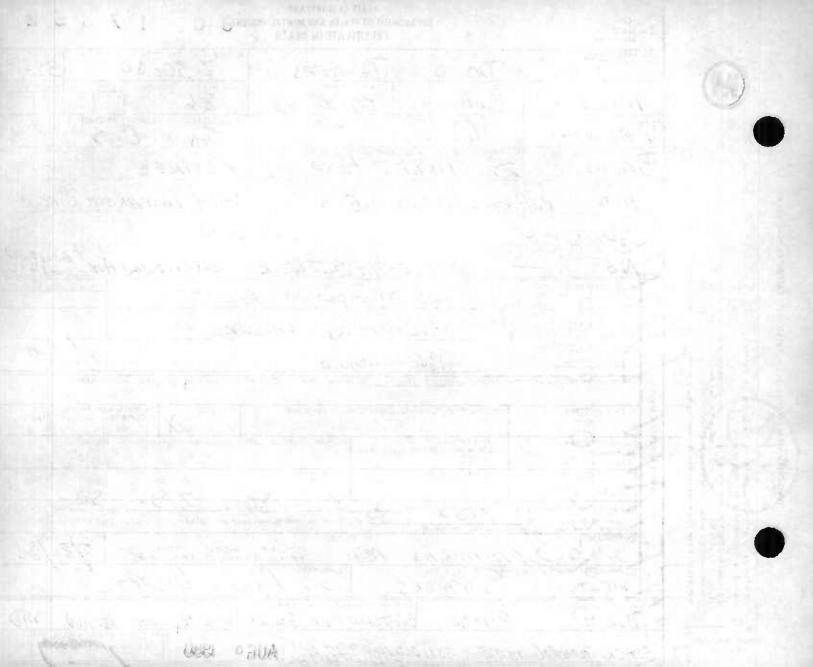
U C C A I U C Maria Maria **** *** *** AND SEASON OF THE PROPERTY OF THE P .. " 1930 Carlos



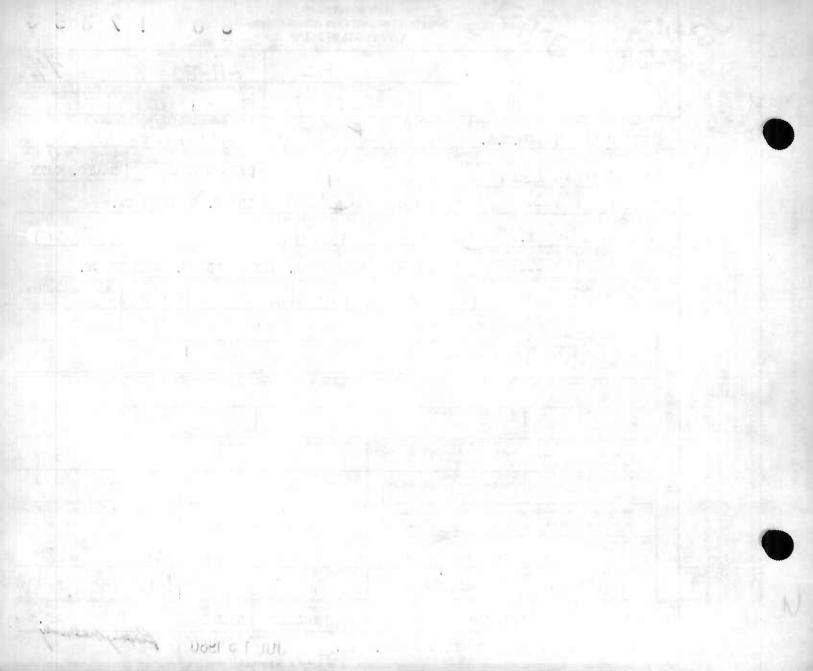
C V ! D S TOTAL STREET THE RESERVE OF THE PARTY OF THE

3	1-	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND RIMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENES O I	7 3 5 2
	(TYPE	CEASED NAME FIRST	DAVID	DEAVERS	20. DATE OF DEATH MONTH 7.30. SC 6. AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 26 HOUR 3 45 PM
	3. SE	MALE	CAU.	5. Date of Birth	86 yrs	MONTHS DAYS HOURS MIN
neoth Po	79 BI	THPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTU, C	OF DEATH MD
on softer d	B	ALTO.	11. NAME OF HOSPITAL, NUR.	SING HOME OR OTHER INSTITUTION EET ADDRESS) SP.	120 USUAL OCCUPATION (TYPE WORK FOR MOST OF WORKING LI	12b KIND OF BUSINESS OR INDUSTRY
AND 212	13a S	TANA NIL GOUD	TOTHER INSTITUTION GIVE RESIDENCE BER NEY HOUSE LANDS!	OWN YES NO NOTE OF THE PROPERTY OF THE PROPERT	2924 LAKEBI	RODIC CIRCLE
MARYLI mpletely and 2 sh	14. FA	THER'S NAME FIRST UN KNOWN	MIP DLE LAST	15. MOTHER'S MAIDEN NAM	MIDDLE MIDDLE	LAST
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours of ottending physician. Wher this certificate has been signed by the ottending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled than Mental Hygiene prior to burial, cremation, or removal. Or them 18 shows any injury, or other traumotic event, the medical examinermust be no orked or them 18 shows only injury, or other traumotic event, the medical examinermust be no orked or them.	160 V	(AS DECEASED EVER IN U.S. AR ES, HOORUNKNOWN) (1F YES, GIVI	MED FORCES? 166 SOCIAL SE 229-03		2823 INDIANA	
ST., BALT striftcate to physicion on popers emovol.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	nly one cause per melfar (a) (b), D BY: FF CAUSE (a)	PULMONARY A	RREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RESTON S e death cer e offending mave carbo ration, or re fraumotic e	7	486 - Conditions, if ony, which		MONARY FAIL	UKE	
that the date of the the of the of the office the office o		gove rise to immediate couse (a), stating the underlying cause last.		DIENCE OF CHONIA		7/1/80
RDS, 201 W. P equires that th n signed by the Then please re, to burial, crear injury, or other	NO	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 1(0)
ne low re	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
SION OF VITAL RI PHYSICIAN: The le ending physicion. this certificate has the buriol-transit pet ad Mental Hygiene d or frem 18 shows		2 to ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			RED (ENTER NATURE OF INJURY IN ITEM 18, I	PART 1 OR PART 2)
DIVISION OF TTENDING PHYSICIA pitol or ottending pl TOR. After this certif for use os the buriol-t of Health and Mental 21 is marked or them	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f. LOCATION	CITY OR TOWN	COUNTY STATE
O O E		220.1 certify that (1) (this hospi	tol) attended headeceased from	m So and that in (my) (our) appings	death occurred on the date and hou	19, that (I) (we) lost
OR A POSEC	13	obove, (I) (we) (did) (did see	view the body ofter death.	DEGREE	MEDICAL STAFF	The DAY SIGNED
RAL METAL		224 PHYSICIAN'S NAME (TYPE	PRINT	M-D. ATTENDING PHYSICIAN [DIRECTOR PHYSICIAN	1/20/80
TO HOSP retoined I TO FUNE should be with the S	12- 6	DHELTON C	JIMMON		NES KTOSPITI	79(
4303 BP	(URIAL, CREMATION, REMOVAL BURIAL BURIAL	23b. DATE 23 8-1-80 C	RESTLAND MEM GARDER	WEST TRICKDSHIP	Housed mD
DHMH - 16 50M 1/76 (VR A 15 (4))	24 FU	NAME PANERAL	Home 387104	Dearners PIKE AU		TRAR'S SIGNATURE

.



		6	1.	FOR STATE REGISTRAR			DEP	ARTMENT OF H	OF MARYLA EALTH AND M ICATE OF DI	ENTAL HYGI	ENE 8 0	1	7 3	5 3
	3 76			CEASED NAME OR PRINTI	FIRST	- Alle	T.		EITZ		2. DATE OF DEATH	MONTH D.	AY YEAR	26 HOUR 2
	1 (11)		3 SE	MALE		A RACE WHIT		S DATE	F BIRTH	78	6. AGE (IN YEARS LAST BIR	M	F UNDER I YEAR	IF UNDER 24 HR5 HOURS MIN
	a training to the second secon	35	MA	RTHPLACE ISTATE OF DUNTRY) RYLAND		U.S.A	• WHAT COUN	MARRIE	NEVER M	ARRIED .	BALTIMORE CITY OF	CITY		MD.
201	by led	34	BA	LT IMORE		BON S	ECOUR'S	HOSPITA		TUTION	PIPE CORK	F WORKING LIFE	INDUSTRY	O. CITY
MARYLAND 2120	thin 24 he y filled in ould be fi	35	13e S MA	al residence (# NU STATE RYLAND	13b COUN	OTHER INSTITUTION TY	BALT I	TOWN	134 INSIDE CIT	Y LIMITS?	13. STREET ADDRESS 238 S. CA	LHOUN	ST.	
MARYL	She Ki	න් වර්	14. F/	LOUIS	A	T.	DEI		IS MOTHER'S	est in	AE MIDDLE		CĂĨ	KSON
BALTIMORE,	t co	, the me		VAS DECEASED EVE (ES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES!	218-12	-3289	17 INFORMAN		ADDR SITZ 238 S		OUN ST.	
201 W. PRESTON ST.,	requires that the death certing in a signed by the attending phone properties termove carbon patents by burial, cremation, or remove the signed by the resuments to the state of the state	0.00	NO	Canditions, if an gave rise to it cause (a), statunderlying cau	IMMEDIAT yy, which mmediate ting the se last	DUE TO, C	OR AS A CONSI	EQUENCE OF	NOT RELATED	TO THE TERMI	MAL DISEASE OR CON	Le fas	M	
DIVISION OF VITAL RECORDS,	J: The law te has been permit. The iene prior	9	CERTIFICATION	190 DATE OF OPER	ATION	19h CON	DITION FOR WI	HICH OPERATIO	N WAS PERFOR	MED	YES NO		WERE FINDING CAUSES	
OF VIII	NG PHYSICIAN: The anding physician. Ifter this certificate hat he burial-transit permand Mental Hygiene and Mental Hygiene.	9		71g. ACCIDENT WAS U OR CONTRIBUTING [(IF EITHER, NOTIFY MED	CAUSE OF DEA	HOUR A	OF INJURY A.M. MONTH	DAY YEAR	21c HOW INJ	URY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PA	RT 1 OR PART 2)	
IVISION	DING PHY ttending ph After this c s the burial- th and Men	nay ingi	MEDICAL	214 INJURY OCCU		21e PLACE	OF INJURY TREET, FACTORY, OF		21f LOCATIO	N	CITY OR TO	WN	COUNTY	STATE
٥	hospital or a DIRECTOR: hed for use a Dept. of Heal	t I celli z i is		226 I certify that (saw the dece above, (I) (we) 27h. SIGNATURE	sed alive on.	7 1		19 0	DEGREE	TENDING	, to	FF Le		
1.	TO HOSPITAL retained by the TO FUNERAL should be detact with the State I w			774, PHYSICIAN'S IN	1750	PRINT)	GON TO	Ales	22e ADDRESS	n SE	OUR !	HOSP	TAL	BALTO
V	BP			URIAL, CREMATION	N, REMOVAL	7/15/		LOUDON			BALT IMOR	E	COUNTY	MD" 2/123
190	DHMH-16 25 (VRA 15, 4) 1			BARD FUNI	ERAL HO	ME 410	7 WIERE	NS AVE.	MP 21229	250. DATE	L 1 5 1980	250. RESESTA	A STATE OF THE STA	GRE



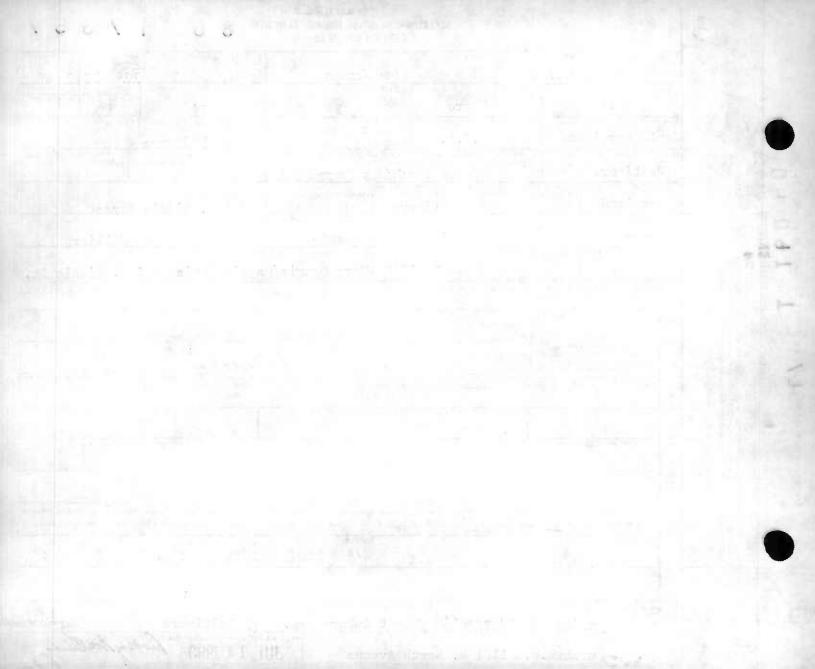
1	FOR STATE REGISTRAR			DEPARTMENT OF DICAL EXAMIN		ENTAL HYGIEN	Ou U	17	3 5	4
	DECEASED NAM	Robe		Michael	ŁAST	ovich	REG	HTMOM XX	10 ₁₉ 80	26. HOL
	male	4 RACE White	5. DATE OF BIRTH	YEAR 6. AGE (IN YE LAST BIRTHD	AY) MONTHS L DAYS	IF UNDER 24 HRS.	PRONOUNCED DEAD		DAY YEAR 10 19 80	24 HO
5	PARYL. CITY OR TOWN	AND		SA	WIDOWED -	DIVORCED	Baltimore cit	ce City		M
2	Baltim	ore	Univers	PITAL, NURSING HOME CILITY, GIVE STREET ADDRESS! ity Hospita VE RESIDENCE BEFORE ADMISSI	1	FOR	SUAL OCCUPATION RMOST OF WORKING LIFE TUDENT		OR INDUST	
130	STATE 1 ARYLA FATHER'S NAM	VD HAR	FORD	JOPPA	13d. INSIDE (NO 13e. STE	OSHELL	ROAL	امرد د	85
1	MICH. WAS DECEASE	AEL D EVER IN U.S. ARM	MIDDLE ED FORCES?	DELOVIO	CH F	ENELO	PE MIDDLE	T1	E TRIC	CK
1	(YES, NO, OR UNKNO	OWN) (IF YES, GIVE W DF DEATH (Enter only EATH WAS CAUSED	one cause per line	218-90-0	0507 MICI	HAEL DE	ELOVICH		A, MD.	2 10 8
	gave ri cause (a lying car	ns, if any, which ise to immediate) stating the <u>under-</u> use last.	DUE TO, OR (b) DUE TO, OR (c)	Tiple injur AS A CONSEQUENCE (AS A CONSEQUENCE (BUT NOT RELATED TO THE TERM	OF OF	IN GIVEN IN PART 8 (a).				
CERTIFICATION	190. DATE OF	OPERATION	196. CONDIT	ION FOR WHICH OPER	ATION WAS PERFOR	RMED?			20. AUTOPSY	? NO X
MEDICAL CER		AL CAUSE WAS OR NG CAUSE OF DI	EATH 2:55xx	7/10 1980	passeng		NATURE OF INJURY IN ITEM omobile/fi		RT 2)	
MEC	21d. INJURY C WHILE AT WORK	NOT WHILE XX		OF INJURY (AT HOME, ORY, FARM, ETC.) WAY	Route#13	6Near Hool	ker MillRo	l, Ha	rfordCo	, MD STATE
7	220. I certi , death result ACTUAL SIGNATURE,	- /	300	Accident XX Sui	TITLE (S	SPECIFY) sistant	Inquiry , termined manner DICAL EXAMINER	and in my api], DATE SIGNEI	7/10/	80
7 730	EXAMINER'S (TYPE OR PRI			Guard, M.D.	ADDRESS_	111 Peni	n Street,E			21201
24.	BUR!	TOR TOR	7-14-8	OMOHAI	MADEN BELAIR R	CEM P	PAIRMONT Y REGISTRAR 1256 RE	GISTRAR'S SI	ARION	W.V.
L	ASSAH	V FUNER	AL HOME		1618 210	1.1 /1	1980	with y to	- Crusty	

T TO SERVE	Rote H	Section 1
;		
		A STATE OF THE STA
THISTOTIE	Top on the year poe	Δ ₁₀)
A Section Bushing the X	E SALL	STEVENSOR AND THE
PERMANENT TO THE PARTY OF THE P		1012,8882
The state of the state of the state of		A CONTRACTOR
	plenga et atten	
n da la cello a benli del al mederi di cello e ne		
Blong Date and Branch		
ament in a south		The state of the s
Lenn Steert, Belginger, 1918		

taly 22, 1300 Talla scienta late instructe large force forcers lasgical Payotrophic Lateral Scherosis Chronic Obstructive Pulmonary Disease July 22, July 17, 50 30, July 22, 30

28 2811-3-3 Server of the se 08-81-M

1		FOR	DEBAL		HEALTH AND MENTAL H	CIENT & C	1 "9	7 6 7
2	1	- STATE REGISTRAR			FICATE OF DEATH	REG. NO		3 3 /
		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY YE	2b. HOUR
		James	S	Den	nis, Jr.		7 11 :	80 1:40 P
	3 SE		4 RACE	5. DATE	OF BIRTH	& AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS
		Male	Negro	8	2 09	70	YRS MONTHS	DATS HOURS MIN
-	7a. 8	IRTHPLACE (STATE OB FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? B	DE NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEAT	Н
0	Soi	uth Carolina	U.S.A.	WIDOW			more Cit	V MD.
25		ITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STO Johns I	EET ADDRESS	or other institution as Hospital	128 USUAL OCCUPATI (TYPE OF WORK FOR MOST O	ON 12b. Ki	ND OF BUSINESS OR
1	USU	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN	OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION		130. STREET ADDRESS		
5		Maryland	Balti		YES NO		ddle Stre	o.t
	14. F	ATHER'S NAME			IS MOTHER'S MAIDEN N	AME	WALL DETE	
		James	Dennis		Mamie	MIDDLE	Gi1	liard
		WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRE	SS	LIAIU
	(YES, NO OR UNKNOWN! I IF YES, GIVE	248-34	-3560	Mary Dennis	/Maggie Davis	602 E. 1	Biddle St.
	-	18 CAUSE OF DEATH (Enter onl			That's Dennizor	Maggie Davie		PROXIMATE INTERVAL
		PART I. DEATH WAS CAUSE	D 8Y.				BELLY	WATER ONSE! AND DEATH
		E990 IMMEDIAT	E CAUSE (0) Sepsi					
		0/10	DUE TO, OR AS A CONSEC	QUENCE OF	6-1.10		1.4.	
		Conditions, if any, which	(b) Islate	ral	Trochanter	ic decut	14	
		gave rise to immediate cause (0), stating the	DUE TO, OR AS A CONSEC	DUENCE OF	1			
		underlying cause lost	(c) this	ricry	track i	nfection		
	z	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING T	O DEATH BU	NOT RELATED TO THE TEL	RMINAL DISEASE OR CON	DITION GIVEN IN PAI	RT 1(0)
I	¥	190 DATE OF OPERATION	1% CONDITION FOR WHI	CH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE F	INDINGS USED
/	F.	NONE				VES EX NOT	IN CERTIFYING CA	USES OF DEATH?
	CERTIFICATION	210 ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		121c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJUI	YES TO PART I OR PART	
1		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR		Service (France and Rador		
	Ş	(IF EITHER, NOTIFY MEDICAL EXAMINES)	PM	19				
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, OFFI	CE, FARM, ETC.)	211 LOCATION STORET	CITY OR TOV	vn count	Y STATE
		AT WORK AT WORK						
		220 I certify that (I) (this hospit	m 1 . 1 (1)	101	6 19	SO. to 7/	11 19 8	, mor (i) (iie) ion
		sow the deceased alive on, above, (1) (we) (did) (did) rot	1) view the body after death.	<u> X</u>	ind that in (my) (our) opinio	on death occurred on the de	ote and hour and from	n the couses stated
		226 SIGNATURE	/ 1		DEGREE		221. (DATE SIGNED
		muan	1 May Donas	el	MS ATTENDING		IAN P	111/80
1	i	224 PHYSICIAN'S NAME (TYPE OF	R PBINT		220 ADDRESS	1		
		SUSAN ,	MAC DONALI	D MIN	TOHNS	HOPKINZ	HOSPI	AL
-	22-	BURIAL, CREMATION, REMOVAL		NAME OF	CEMETERY OR CREMATOR	234 LOCATION	100/11	
	230	SPECIFY				CITY OF TOWN	COUNTY	Maryland
	24.5	Burial UNERAL DIRECTOR	7/17/80	Mount	Auburn Cem.	Baltimo ATE REC'D. BY REGISTRAR		rial ylanu
	1	NAME	ADDRESS				perfrage	Cheroly
79		Wm. C. March F.	H. 1101 E. No	rth Av	enue .	1111 1 4 1980	. /.	



C SHAN THE REPORT OF THE PROPERTY OF THE PROPE

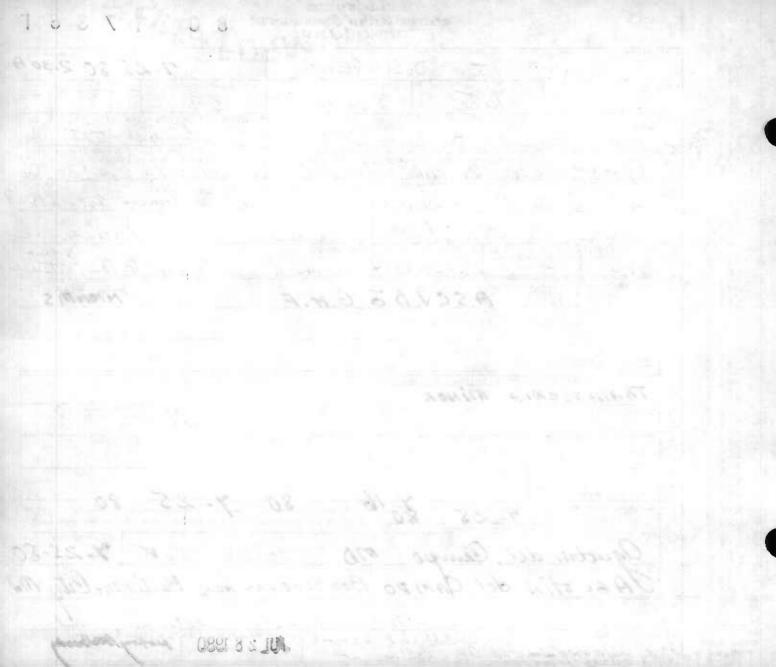
X	11-	STATE	8a-22a Fi	1m G548 1	PPARTMENT O	HEALTH	AARYLAND I AND MENTAL CERTIFICATE	HYGIENE	0:	1 7	3 5	9
y 4,500 H# 460 H		REGISTRAR CEASED NAM PE OR PRINT)	Haywa Howard		MIDDLE (H.) L.		ckerson	2a. DA	REG. NO	-	1 19 80	2b. HOUR
ARY, PLEAS		Male	A.RACE Black	S. DATE OF BIRTH	YEAR 42 38	YEARS IF UN	NDER 1 YR. IF UNDE	R 24 HRS. 2c. D	ATE OUNCED EAD	- min	DAY YEAR	24. HOUR
NECESS. S FO S FO W. PRE	FC	PREIGN COUNTRY	Md.	76. CITIZEN OF WH		WIDOW		CED C	Baltimo	- re Cit	У	MD
DELAY IS NO THE F		Baltim	ore /	1F NOT IN SUCH FACE	PITAL, NURSING HOLD INITY, GIVE STREET ADDRESS 20th ERESIDENCE BEFORE ADMI	Stre	DESAM ANTHUR	FOR MOST OF	CUPATION (TYPE WORKING LIFE)	OF WORK 17h	OR INDUST	ISINESS RY
IF ANY DEL	13a. S	Md.	13P COUNT	Y	Balto.	SON	13d. INSIDE CITY LIMITS? YES A NO		E. 20t	h Str	eet	
ORE, MD. 2 ROBES 1, 2, ROBES 1, ROBES 1, ROBES 1, ROBES 1, ROBES 1, ROBES 1, ROBES 1, ROBES 1, ROBES 1, ROBES 1, ROBES 1, ROBES 1, ROBES 1, ROBES 1, ROBES 1, ROBES 1, ROBES 1, ROBES 1, ROBES	Otis	D EVER IN U.S. ARM		kerson	TV NO	Joseph 17. INFORMANT		ADDRESS	Ward	ell		
BALTIMORE, URS AFTER DE 8. GIVE PAGE WITH FORM DIVISION OF	(1)	NO OR UNKNO	OWN] (IF YES, GIVE V	var or dates)	215-40-			Green		Howa	rd Pk	
TAL RECORDS, 301 W. PRESTON ST., HOULD BE EXECUTED WITHIN 24 HOI RD "PENDING" IN PENCIL IN 1EM 18 CHIEF MEDICAL EXAMINER ALONG USED AS A BURIAL-TRANSIT PERMIT OU SED AS A BURIAL-TRANSIT PERMIT ALL PREMIT AND MENTAL HYGIENE. AL, CREMATION, OR REMOVAL.	7	304 Condition gave ris cause (a lying cou	ns, if ony, which se to immediate stating the <u>under-</u> ise lost.	CAUSE (o) NO DUE TO, OR A	AS A CONSEQUENC	OF	E OR CONDITION GIVEN IN P	'ART 1 (a).			between onse	TAND DEATH
DF VITAL RECOR ATE SHOULD BE I WORD "PENDIN THE CHIEF MED THE CHIEF MED THE USED AS J ENT OF HEALTH BURIAL, CREMAT	CERTIFICATION	19a, DATE OF		196 CONDITI	ION FOR WHICH OP	ERATION W	AS PERFORMED?		t-)		O AUTOPSY	NO [
VISION O CERTIFICA ING THE ED TO TH 3 SHOULE DEPARTME	MEDICAL CER	UNDERLYING CONTRIBUTI	NG CAUSE OF D	P.M. 21e PLACE O	INJURY MONTH DAY YE 19 FINJURY (ATHOME, DRY, FARM, ETC.)	AR 21f. LO	OW INJURY OCCURR		F INJURY IN ITEM 18 P.	COUNTY		STATE
TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRIT PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201 P		/	ty that I took charge ed from Platuro	of the	and the	buicide	Inspection Homicide TITLE (SPECIFY) Deputy C	Undetermined	AMINER	DATE	7–12	2-80
TO ME PAGE TO FILE BALTIV	23a. B	(TYPE OR PRI	TION REMOVALES		23c NAME OF C King	EMETERY O	R CREMATORY Pk.	11 Penn (imore (COUNTY	Md -	ATE
OHMH-17 (VR A15 ME (5))	24. F	NAME WITH C	March 1	ADDRESS		lanth.	25a. DATE	REC'D. BY REGIS	TRAR 256. RUSIS	PAR'S SA	La Core	

1 Bearing Class Control at Control 100 Control

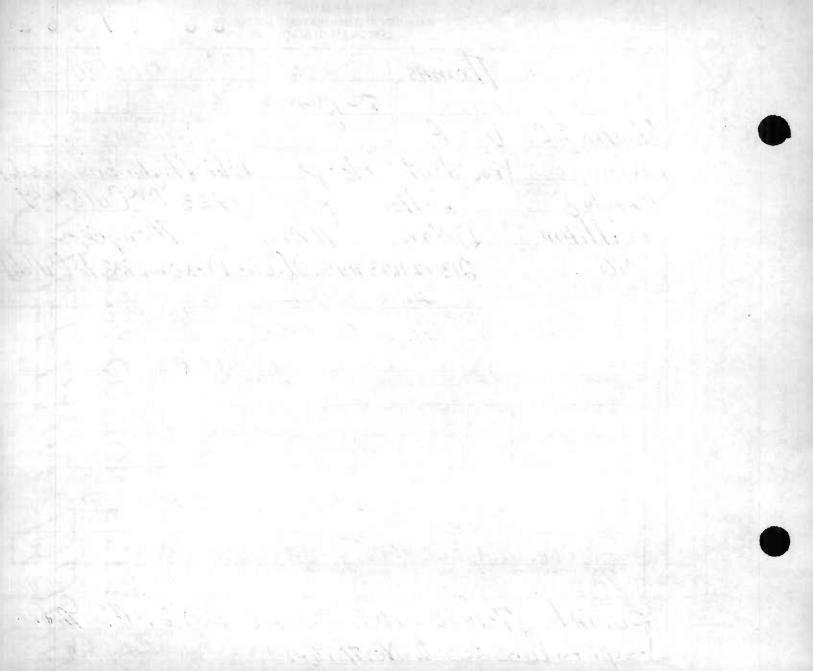
		FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	CIENT D D	17760
160	1	- STATE REGISTRAR	OLF AKT	CERTIFICATE OF DEATH	REG. NO.	1 / 3 0 0
1 (IAI)		CEASED NAME FIRST	MIDDLE	LAST	26 DATE OF DEATH MONT	TH DAY YEAR 25. HOUR
0		ALTON		DIGGS	JULY 06 19	07:529M
50 35	3. SE	X	RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	# UNDER I YEAR # UNDER 24 HRS
aire.		Male	Cauc.	12 5 1905	74	YRS DAYS HOURS
The same	7a. 8	IRTHPLACE (STATE OR FOREIGN 7	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR CO	OUNTY OF DEATH
		Nd.	U.S.AA	WIDOWED DIVORCED		CITY MD.
100 10 No	10.0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING INF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	126 KIND OF BUSINESS OR
5 3 33	B	altimore	HE JOHNS HOP		Retired	NACOTAL NACOSTAL
15 To 15 To	USU 130	AL RESIDENCE (IF NURSING HOME OR O	TY 13c. CITY OR TOW	I 134. INSIDE CITY LIMITS?	(3R STREET ADDRESS	
AN Hin bin		Md.	Baltim			rette St.
MARYLAND uted within 2 mpletely fille and 2 should it	14 F	ATHER'S NAME FIRST M	IDDLE LAST	15 MOTHER'S MAIDEN N	AME	LAST
A Paris San		Joseph	Diegs		Unknown	
od oc	16a	WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECU	JRITY NO 17 INFORMANT	ADDRESS	
ALTIMOR sitting and sitting and sers. Pages val.		Vo	216-10	-1557 Irene Dig	gs 2512 E. I	Payette St.
sicia vat.		18 CAUSE OF DEATH (Enter only	y one cause per line for (a), (b), or	id ices	A .	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Physical phy		PART I. DEATH WAS CAUSED IMMEDIATE		opulmonary	Arrest	
death Ceff ending ph carbon pa yn, or rem		1161		tuct of		
PRESTON at the death the attendir move carbo		Conditions, if any, which	DUE TO, OR AS A CONSEQU			
the att		gove rise to immediate	(0)			
		couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEOU	I had a colosis - 6	tiology unkn	owy
equires the equires the signed by an please re o burial, cr		PART 2 OTHER SIGNIESCANT CO		DEATH BUT NOT RELATED TO THE TER		
nen re	Z	TAKE 2 OTHER SIGNIFICATOR CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE ON CONDING	AL CIVELY IN PART 110
is beer any prior ws any	CERTIFICATION	19a DATE OF OPERATION	11% CONDITION FOR WHICH	OPERATION WAS PERFORMED	20g AUTOPSY? 20h	IF YES, WERE FINDINGS USED
At RECO	문	100			YES NOW IN	CERTIFYING CAUSES OF DEATH? YES NO NO
	E -	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	Tale HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN I	
ISION OF VITA IG PHYSICIAL Iding physician Iding physician Ider this certifica e purial-transit ind Mental Hyg rked or Item 18		OR CONTRIBUTING CAUSE OF DEAT		AY YEAR	THE TENTER PROPERTY	EM 19, FART FOR FART 2)
PHY:	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	211 LOCATION		
DIVISION OF TOTAL STEER THE SERVICE THE AND AND AND AND AND AND AND AND AND AND	A A	214 INJURY OCCURRED	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOWN	COUNTY STATE
DIVISK DING Strendir Streb Ith and Ith and		AT WORK LAT WORK				
DIV TTENDI Il or atte TOR: A use as ti Health	1	22a I certify that (I) (this hospital	ol) attended the deceased from. July 6 10		O to July 6	19 <u>0</u> , that (I) (we) last
Pirtal For of	1	sow the deceased alive on above (1) (we) (did) (did not)	view the body after death.	ond that in (my) (our) opinion	n death occurred on the date o	
AL OR AT the hospital tached for up to Dept. of T. If Item 7:	-	226 SIGNATURE	n11- 11	DEGREE		22c. DATE SIGNED
IOSPITAL The by the l UNERAL II De de detact The State D The State D	L	Truck!	Matt son M	D ATTENDING PHYSICIAN	MEDICAL STAFF	× +/6/80
SPI d by d by TAT	1	224 PHYSICIAN'S NAME (TYPE OR		22e ADDRESS	1. 11 41	0.16 mm 111
T'E L'E O		Kristi	L. Nattson 1	1D Johns Hop	KINS HOSPITAL A	Dal Timore Med
TO TO show	23a.	BURIAL, CREMATION, REMOVAL	236. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
0602RP		(SPEC#Y)	7/8/80 09	k Lawn Cemetery	CITY OR TOWN	timore Md.
,	24 F	UNERAL DIRECTOR	170700		THE CO. BY REGISTRAR 256.	
DHMH-16 25M (VRA 15, 4) 1/79	D	Dabrowski &	Son 2818 E.		or a 1880	motory Melresdy
	100	DUAL ONSKI &	SULL COLO E.	Raltimore St.		

Cardiopulmenary Arrest COPD CHF Correction to the contract of sport or spring a hine

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME MIDDLE 2n DATE OF DEATH MONTH 2h. HOUR TYPE OR PRINTI Di stefano 3 SEX 4 RACE 5. DATE OF BIRTH IF LINDER LYEAR IF UNDER 24 HRS & AGE | IN YEARS LAST BIRTHDAY) YEAR HOURS TO. BIRTHPEACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED [CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12e USUAL OCCUPATION 12h. KIND OF BUSINESS OR ETYPE OF WORK FOR MOST OF WORKING LIFE! (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) MO. STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS NO D 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLI MIDDLE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 17 INFORMAN IYES, NO OR UNKNOWNI IN YES, GIVE WAR OR DATEST APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY DUIVI DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOD YES [NO [Hygi 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) ō P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 226.1 certify that (1) (this hospital) attended the deceased from 30 saw the deceased alive an , and that in (my) (our) opinion death occurred an the date and hour and fram the causes stated abave, (1) (we) (did) (did nat) view the body after death 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN | DIRECTOR | PHYSICIAN Ould be de 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22+ ADDRESS ORT Secours Hosp, Ballmine 23a BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY THE LOCATION TRAR 756 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 25M (VRA 15, 4) 1/79



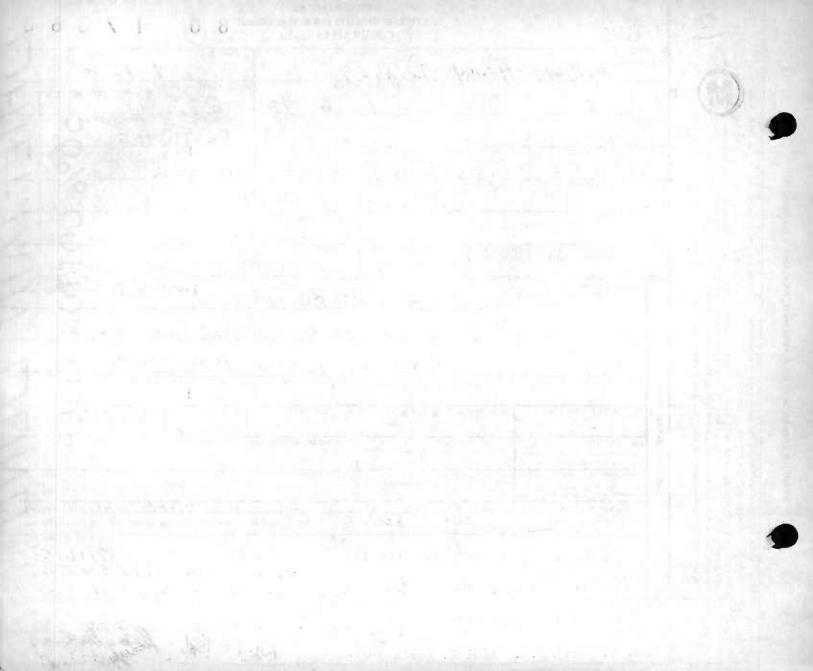
/			STATE OF MARYLAND
5	1.	FOR STATE REGISTRAR	CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 REG. NO.
a (M)	1. DE (TYPE	CEASED NAME FIRST OR PRINT)	Thomas DIXON 20 DATE OF DEATH MONTH JOAN THAN 25 HOUR
ge 4 mèy ector. irs offerd	3. SE	MALS E	BLACK S DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MODELS AND MADELS AND MA
leoth. Page in 72 hours of once.	10	RTHPLACE SATEORFOREIGN 76 COUNTRY)	CITIZEN OF WHAT COUNTRY? 8 MARRIED OF VER MARRIED OF BALLIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED OF THE WIDOWED MARRIED OF THE WIDOWED WIDOWED MARRIED OF THE WIDOWED WIDOWED WIDOWED WIDOWED WIDOWED WIDOWED WIDOWED WIDOWED WIDOWED WIDOWED WIDOWED WIDOWED WIDOWED WIDOWED WIDOWED WIDOWED WIDOWED WIDOWED WIDOWED WIDO
201 Urs ofter o	B	Altimore 11.	From insuch facility give street dooress) 1 (1) Febria Control Marine Life; Industry Control Mar
21: d in bou		ALRESIDENCE UP NURSING HOME OR OTH MATE MAD COUNTY	BALTO, YES X NO 1933 111 (U/6/1 5
MARYLAND red within 24 mpletely filler and 2 should exominer my	IN FA	ATHER'S DAME FIRST MIDDI	DIE DIXON 15. MOTHER'S MAIDEN NAME PRIST. MICHIEL M
BALTIMORE, one be executed by sicion and complete. Pages 1001.		VAS DECEASED EVER IN U.S. ARMED VES. NOORTHINOWN) (IF YES, GIVE WAR	APOPRESS 166 SOCIAL SECURITY NO. 17 INFORMANT APOPRESS APOPRASS DISCOURS DIX DIX DIX DIX DIX DIX DIX DIX DIX DIX
ST., BALTI		18 CAUSE OF DEATH Enter only on PART I DEATH WAS CAUSED BY IMMEDIATE CA	BY: Shipping 119/Paris a. C. (ADN 10000110)
the death ce the ottending the ottending remove corbinor, or r er troumotic.		Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF TALEMIA
W. P. Dot the state of the contract of the con		gove rise to immediate couse 101, stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF CARDINOMA
y, o	NOI	PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
VITAL RECORDS, (N): The low requir into the sign of t	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
ON OF VITA TYSICIAN: The dring physician is certificate burnol-tronsit Mental II sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19
/ISIG	MEDICAL	21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f LOCATION STREET CITY OR TOWN COUNTY STATE
TTENDI pritol or TOR: A for use of Heal		220.1 certify that (1) (this hospital) sow the deceased alive on above, (1) (we) (did) (did not) views.	ord that in (my) (our) opinion death occurred on the date and hour and from the causes stated
SPITAL OR A' by the hosts be detoched e Stote Dept. TANT: If tem	(7	226. SIGNATURE MARION	N BARR, MD. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN
TO HOSPITAL TO FUNERAL should be det with the Store	1	27d. PHYSICHAN'S NAME (TYPE OR PRIN	Barr Ma Fragident Hassital
1303BP	230	CLV I A	7-11-80 PLOUTUS NEW PACE STORY
DHMH - 16 50M 1/76 (VR A 15 (4))	24.	INERAL DIRECTOR L. PULS	55 2222W North Ap JUL 15 1980
	- Ide		

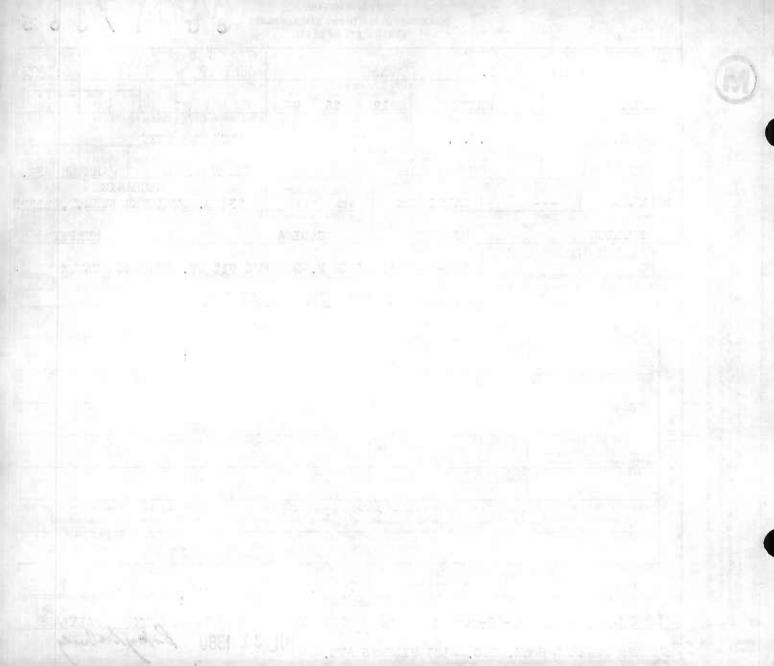


	FOR	DEPARTA	STATE OF MARYL		NF		
11-	STATE REGISTRAR		XAMINER'S CERTI		M (1)	NO. 17	3 6 4
1. DE	CEASED NAME FIRST	MIDDLE	LAST		20. DATE KNOWN		YEAR 26. HOUR
(litt		rick A.	Dolan		OF ESTI- DEATH MATED	□ 7 6	19 80 M
3. SEX	4. RACE	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS IF UNDER 1 Y		. 2c. DATE PRONOUNCED	MONTH DAY	YEAR 2d HOUR 1:54
	ale White	APRIL 2 1980	YRS. 3 4	, nons	DEAD	7 6	19 80 AM
7a. BI	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COUN	MARRIED	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF	DEATH
10 CI	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL NILIS	WIDOWED SING HOME, OR OTHER INST	DIVORCED 122 US	Balti SUAL OCCUPATION (more City	MD.
		(IF NOT IN SUCH FACILITY, GIVE ST	REET ADDRESS)		R MOST OF WORKING LIFE)	O O	R INDUSTRY
	altimore	St. Agnes Ho					
13a. S	man.	NTY 13c CITY	OR TOWN 13d. INSI		REET ADDRESS	DELL	RD
14. FA	THER'S NAME		15. MO	THER'S MAIDEN NAM	NE	war !	, ,
10	DICHAEL	J DO	LAN L	1015	MIDDLE	WANGE	LAST
16a. V	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOC	IAL SECURITY NO. 17. INF	ORMANT	ADDRE	SS	
	100	t war on parts)	M	ICHAEL L	DUAN 3	62, MA	PYDEUR
	18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	anly ane cause per line far (a), (b),				A BET	APPROXIMATE INTERVAL WEEN ONSET AND DEATH
10.		ATE CAUSE (a) Sudden	Infant Death	Syndrome			
	Canditians, if any, which	DUE TO, OR AS A CON	SEQUENCE OF				
	gave rise to immediate cause (a) stating the under	te / (b)					
130	lying cause last.	DUE TO, OR AS A CON	SEQUENCE OF				
	PART 2 OTHER SIGNIFICANT CONDITION	(<) NS CONTRIBUTING TO DEATH BUT NOT RELAT	FO TO THE TERMINAL DISEASE OR COND	ITION GIVEN IN PART 1 (a)			
Z			TO THE TERMINAL OISENSE OR COND	THE STEEL IN TAKE TO U.S.			
CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR V	VHICH OPERATION WAS PERF	ORMED?		20. /	AUTOPSY?
I I	COLUMN WISH						YES 🔀 NO
	210. EXTERNAL CAUSE WAS	21b. TIME OF INJURY HOUR A.M. MONTH		URY OCCURRED (ENTER	R NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	
MEDICAL	CONTRIBUTING CAUSE OF	F DEATH P.M.	19				
MED	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY STREET, FACTORY, FARM, ET			CITY OR TOWN	COUNTY	STATE
	WHILE NOT WHILE AT WORK						
	22a. 1 certify that 1 taak cha	rge of the remains described above	re, held an Autopsy X	, Inspection ,	Inquiry ,	and in my opinion	
	, death resulted fram: Nat	ural causes 🗶 , Accident	Suicide , Ho	amicide	etermined manner	,	
	ACTUAL L'UNA	ma PADO		E (SPECIFY)		DATE 7	/6/80
	SIGNATURE	mu - North	M.DA	ssistant MEI	DICAL EXAMINER	SIGNED	70700
4	EXAMINER'S NAME VI	rginia L. Dolar	M.D. ADDRES	55	111 Pe	enn Street	t
23a.B	JRIAL, CREMATION, REMOVAL				OCATION	COUNTY	STATE
B	URIAL	7-7-80 5	T.CHARLES	CEM. L	BALTO.	COONIT	. MO.
24 8	NERAL DIRECTOR	ADDRESS 53	11 EDMONDSO	250. DATE REC'D B	1980 256. RE	La phay / No	Brooky
L	VEBER F	UNERAL HOL	DE JUAVE	JUL 8	1300	1100	The same

600 7 5 600		mb.te		
7			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
			6.5.3	
		. ~ 5	ac ne a .c.	
	de profin	20 300	I netton	
at the state of th				
			9	
		#		
1				

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME 2a DATE OF DEATH MONTH 2b. HOUR Morris FTYPE OR PRINT 3. SEX AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS DAYS HOURS To BIRTHPLACE ISTATE OF FOREIGN WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Maryland WIDOWED DIVORCED II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12h. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONAL 13h COUNTY 0 MDRE 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE Henry Α. Dorsey Marv Hanna 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 164 SOCIAL SECURITY NO. ADDRESS 17 INFORMANT LYES NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) nedie Sarah Fleming 2905 Garrison Blvd. No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) PRESTON ST Conditions, if ony, which gove rise to immediate couse (o), stating underlying couse DIVISION OF VITAL RECORDS, 301 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 CERTIFICATION 0 20h, IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? d IN CERTIFYING CAUSES OF DEATH? ber shows NOT YES [NO [buriol-tronsit p 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY marked or (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from. sow the deceased alive on .19 _____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death old be detoched to the Stote Dept. 22h, SIGNATURE DEGREE 22c. DATE SIGNED 100 ATTENDING PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME LTYPE OF PRINT 22e ADDRESS 23a BURIAL CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) STATE COUNTY Burial 7/21/80 Althalton Ch. Cem. Howard MD County 24 FUNERAL DIRECTOR DHMH-16 60M 1/73 ADDRESS (VR A 15 (4)) C. March F.H. 1101 E. North Avenue



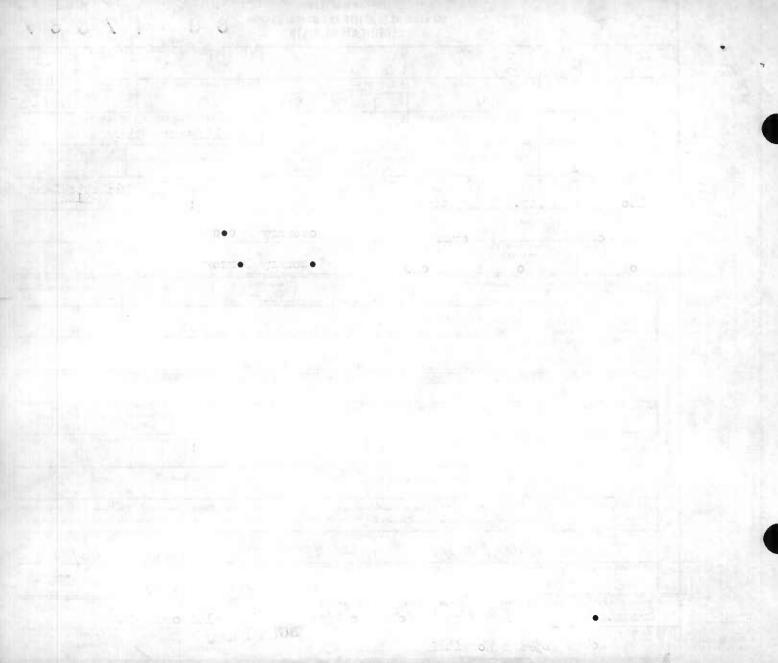


Baltimore. Md.

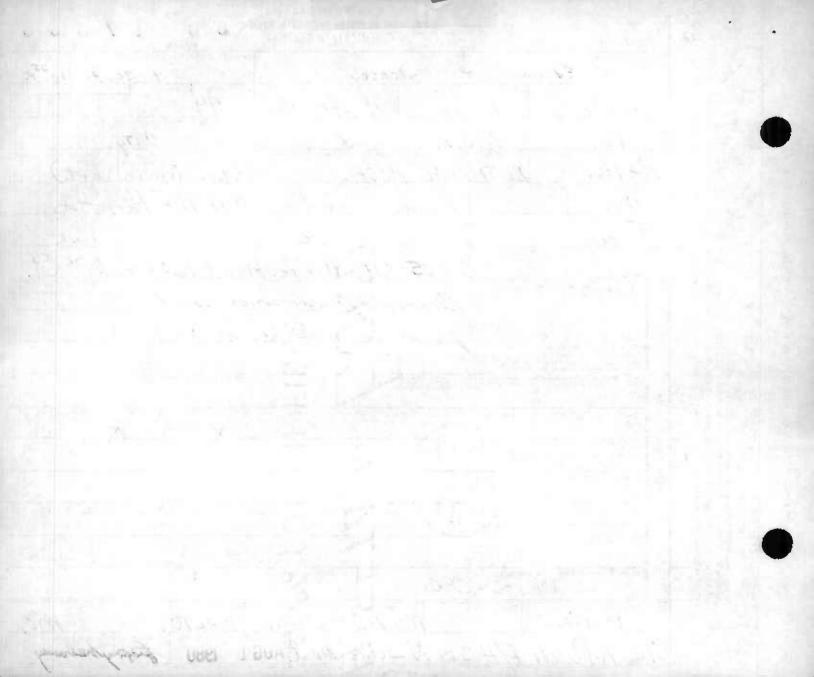
(VR A 15 (4))

Relate Jonyelesarism

				STATE	OF MARYLAND			
100		FOR STATE REGISTRAR			EALTH AND MENTAL HYC ICATE OF DEATH	GIENE 8 0	0.	7 3 6
		CEASED NAME FIRST OR PRINT) Bab	4 Girl	0	ey	20 DATE OF DEATH	MONTH DAY	SO 54
once.	3 SE	F	4 RACE	5 DATE O	BIRTH DAY YEAR 3	6 AGE (IN YEARS LAST BIR	THDAY] # UN MONTH	DER I YEAR IF UNDER
n 72 hou	C	RTHPLACE ISTATE OR FOREIGN DUTING	76. CITIZEN OF WHAT CO	WIDOWE		Baltimore City of	_	
ust be no	E	allmure	I.I. NAME OF HOSPITA (# NOT IN SUCH FACHUTY	GIVE STREET ADDRESS)	ROTHER INSTITUTION	12e USUAL OCCUPAT		E KIND OF BUSINE
should be fi	F			ence before admission) OR TOWN timore	134. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS	6250 Du	cketts La 21227
30		THER'S NAME FIRST	MIDDLE	last SeV	15 MOTHER'S MAIDEN NA FIRST ROSeman	ME y Adcock		LAST
t, the me		VAS DECEASED EVER IN U.S. ES, NO OR UNKNOWN] I# YES, O NO		None	17 INFORMANT Reseman	ADDRI y Dersey	ESS	
ws any injury, or other traumatic	ATION	Conditions, if ony, which gave rise to immediate couse 101, stating the underlying cause last PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION	T CONDITIONS CONTRIBU	Stage Cos Stages to	Me Allutary NOT RELATED TO THE TERM	UNAL DISEASE OR CON	DITION GIVEN IN	PART 110°
Hygiene pri	CERTIFICATION					YES NO	IN CERTIFYING	CAUSES OF DEATH
Item /		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH HOUR A.M. MO	NTH DAY YEAR	21s HOW INJURY OCCURI	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 O	R PART 2)
o le	Ÿ							
d Mer	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUR LAT HOME, STREET, FACTOR	Y RY, OFFICE, FARM, ETC.]	21f LOCATION STREET	CITY OR TOW	vn cc	DUNTY STA
Dept. of Health and Mer	MEDIC	while at work not while at work at work 122e I certify that (1) (this has saw the elecased alive	pital) attended the decease	ed from J/1148	3 19 SU d that in [my] (our] opinion EGREE ATTENDING	death occurred on the do	. 19 2 ate and hour and	O, that (I) (w
for use as the buria . of Health and Mer em 21 is marked or		WHILE AT WORK AT WORK 22e I certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did)	INTHOME, STREET, FACTOR Spital) attended the decease on 5 UL 7 not) view the body after dea Practicular E OR PRINTS	od from JILLAR the 19 So one	STREET 7 19 50 I that in (my) (our) opinion EGREE ATTENDING		. 19 2 ate and hour and	that (I) (w



·	1,	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 1 7 3 6 8
X	L	REGISTRAR CERTIFICATE OF DEATH REG. NO.
(108):		CEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 25 HOUR FOR PRINT) Edgar 4.30.80 1025. M
	3. SE	
ge +		Male Negro 7 30 401 79 YRS MONTHS DAYS HOURS MIN.
once.	70.8	IRTHPLACE STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED A NEVER MARRIED A PARTIED A PAR
ab a de	10 0	MDOWED DIVORCED DIVORCED TO THE TOTAL NUMBER OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION 125 KIND OF BUSINESS OR
= 5 tp 1/2	1	0.4 1to, LIFNOTIN SUCH FACILITY. GIVES TREET ADDRESS! TIVER OF WORK FOR MOST OF WORKING LIFE! INDUSTRY (Ret.)
D 212C 4 hours 4 hours 6 ld be fill	USU 13a	AL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136 COUNTY 137 SIZE ADDRESS 138 SIZE ADDRESS 139 SIZE ADDRESS 130 SIZE ADDRESS 131 SIZE ADDRESS 131 SIZE ADDRESS 132 SIZE ADDRESS 133 SIZE ADDRESS 134 SIZE ADDRESS 135 SIZE ADDRESS 136 SIZE ADDRESS 137 SIZE ADDRESS 138 SIZE ADDRESS 139 SIZE ADDRESS 130 SIZE ADDRESS 130 SIZE ADDRESS 130 SIZE ADDRESS 131 SIZE ADDRESS 131 SIZE ADDRESS 132 SIZE ADDRESS 133 SIZE ADDRESS 134 SIZE ADDRESS 135 SIZE ADDRESS 136 SIZE ADDRESS 137 SIZE ADDRESS 137 SIZE ADDRESS 138 SIZE ADDRESS
YLAND:	14.5	ATHERS NAME 15. MOTHER'S MAIDEN NAME
3 90 750		Cacob Dorsey JESSIE WIDLE UNK
		WAS DECEASED EVER IN U.S. ARMED FORCES? Tob SOCIAL SECURITY NO. MINFORMANT ADDRESS VES, NO OR UNKNOWN) IF YES, GIVE WAR OR DATES)
		NO 211-05-1914 atherine Heard 1629 8, 29 To JT 18 CAUSE OF DEATH (Enter only one cause per line factor), (b), and (c) RETWEEN ONSET AND DEATH
that the death certification by the attending phease remove corbon poly, cremation, or remo	>	PART I. DEATH WAS-CAUSED BY IMMEDIATE CAUSE (a) Brancha pneumun; a and DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause last DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF
RDS, 20	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
he law ri on. the permit. ene prior	CERTIFICATION	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES
SICIAN: Thing physicio certificate trianal-tronsit entol Hygie them 18 sho		216. ACCIDENT WAS UNDERLYING OF STATE OF INJURY OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH
ON OF IYSICIA ding ph s certifi burial-th Mental	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION
DIVISION DING PHY or ottendia After this e os the bu althoud M marked or	WEI	WHILE NOT WHILE AT WORK AT WORK AT WORK
TTENDI or pitol or use for use of Heal		22a Leertify that (I) (this hospital) ottended the deceased from 19 , 19 , to 19 , 19 , that (I) (we) lost sow the deceased view in 19 , and that in (my) (aur) apinion death occurred an the date and hour and from the causes stated above, (I) (we) (this) (dur) apinion death occurred an the date and hour and from the causes stated
OR he ho he he he he he he he he he he he he he		276. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSI
TO HOSPITAL retoined by ## TO FUNERAL should be deal with the State MPORTANT:		THE PHYSICIAN'S NAME ITTER CHERRY TO SEE ADDRESS
BP	L	BURIAL, CREMATION, REMOVAL DE ATE 234 NAME OF CEMETERY OR CREMATORY 23d. LOCATION GITY OR TOWN COUNTY MD. NATIONAl Cem BALTO, MD.
DHMH - 16 50M 1/76 (VR A 15 (4))	2	UNERAL DIRECTOR LAST POWELL F/H 3/9 N. Schroeder SAUG 1 1980



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME FIRST O. DATE KNOWN MONTH 7h HOUR (TYPE OR PRINT) IDA OF ESTI-DORSEY 20 , 80 DEATH MATED TE SEX 4. RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 24 HOUR MONTH LAST BIRTHDAY PRONOUNCED female negro 1.80 20 DEAD 54 YRS TO BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED Baltimore City WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION STYPE OF WORK 1126, KIND OF BUSINESS V. Chester St. OR INDUSTRY FOR MOST OF WORKING LIFE Baltimore JANITORA -racy. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13d. INSIDE CITY HAUTS? 13e STREET ADDRESS YES K NOF 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDOLE MIDDLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Hypertensive arteriosclerotic cardiovascular disease IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last AND M PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF YES NO X 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (ATHOME, 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE WHILE AT WORK CITY OR TOWN COUNTY STATE AGE 22a. I certify that I took charge of the remains described above, held an Autapsy Inquiry and in my apinian death resulted fram Suicide Hamicide Undetermined manner DIRECT TITLE (SPECIFY) TO M. EXECUTE . PAGE 4 SHO. TO EUNERAL D FTER DEATH, ACTUAL Assistant 7-20-80 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Ann M. Dixon. (TYPE OR PRINT) Penn St ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) 15M 7/77

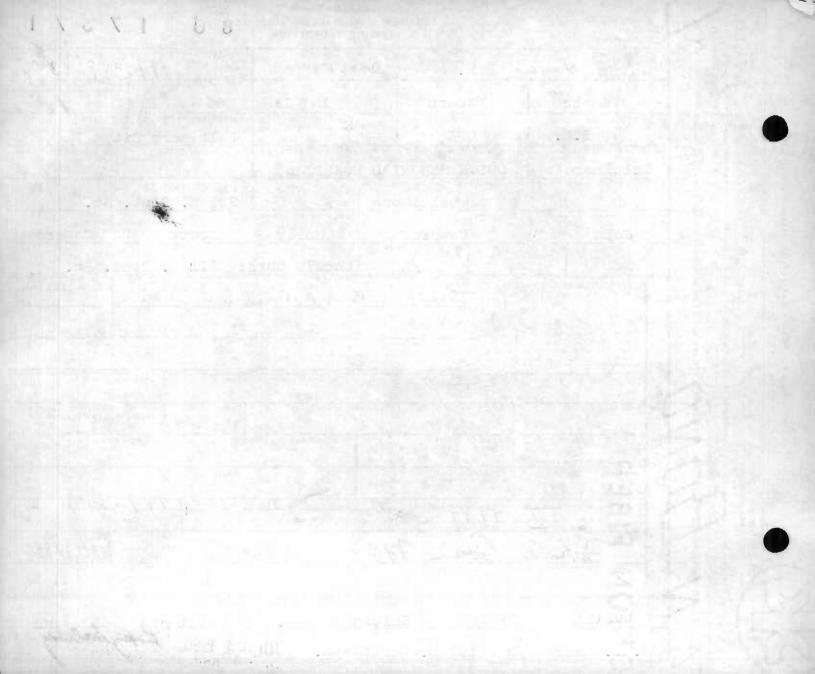
W. Carrier	N. S. H. S.	
	The second	
T Box VE	10, 100 100 100	

6 4

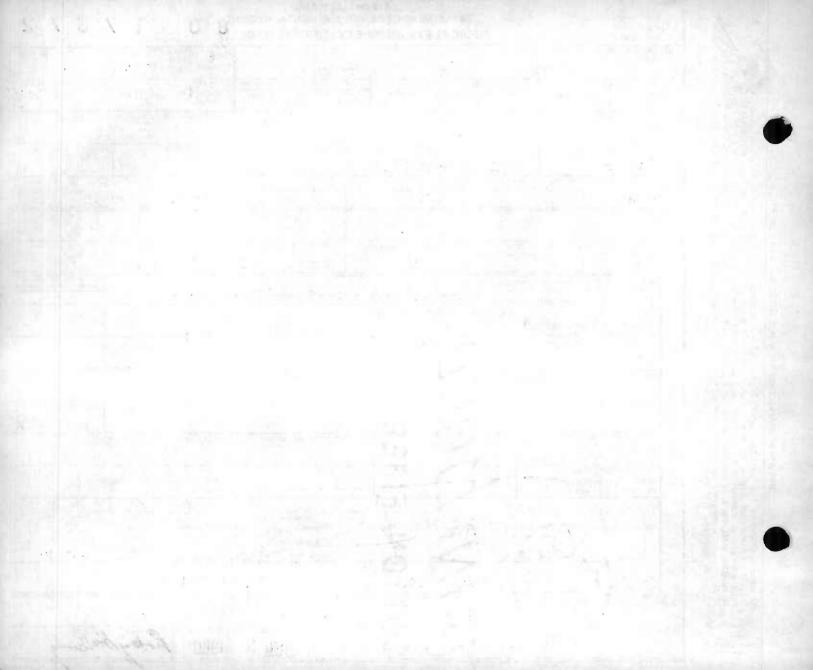
6	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 O REG. NO.	7370
1 75		CEASED NAME FIRST JOSEPH	EARL	DORSEY	20. DATE OF DEATH MONTH	24 80 26. HOUR 6:15 AM
	3. SE	X MALE	4 RACE BLACK	5 DATE OF BIRTH MONTH 11AY 94	6 AGE (IN YEARS LAST BIRTHDAY) 86	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
0 1 1/2		IRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY U.S.A.	Y? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNT BALTIMORE, CI	
on s offined the control of the cont		BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STRE	SING HOME OR OTHER INSTITUTION SET ADDRESS) CH RAVEN BLVD. 21218	120 USUAL OCCUPATION (TYPE OF WORK OR MOST OF WORKING I	176_KIND OF BUSINESS OR
24 hour filled in bould be f	130	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	R OTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)	13e STREET ADDRESS 2505 LOYOLA NW	
MARYLA ed within mpletely ond 2 sh examiner	_	ATHER'S NAME FIRST	Albert Do	rsey Tag A		Jones
e execute n and cor Pages 1		WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GIV YES WW	E WAR OR DATES)	144 1 1 1	ADDRESS	Phila Pa. 19146 Dray's Ferry HAVE
in 1205, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 requires that the death certificate be executed within 24 hours in signed by the attending physicion and completely filled in by Then please remave carbonpapers. Pages 1 and 2 should be fill in the burial, cremotion, or removal.	N	Conditions, if any, which gove rise to immediate couse (a), stoding the underlying couse lost	DUE TO, OR AS A CONSECTION OF CONDITIONS CONTRIBUTING TO	WENCE OF CESTITATION AND	est,	2 minutes Sday VEN IN PART 110
RECO.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\text{NO} \)
SION OF VITAL R PHYSICIAN: The I ending physicion. This certificate hot he buriol-tronsit pe and Mental Hygiene d or them 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	ED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
DIVISION DING PHYS or othendin After this c is os the bur alth and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	211 LOCATION	VEN BLVD. BALTO	. MD 21218 STATE
O O E		220.1 certify that (1) (this hasp	ital) attended the deceased from 7-24 Note the body after death	7-4 , 19 80 , ond that in (My) (our) opinion of	to 7=24 death occurred on the date and had	ur and from the causes stated
A S D D E		22b. SIGNATURE	M. Prante	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED 7-124/80
HOSPII Sined b FUNER Suld be th the Si		Stephen M	Puentes	M.D. 220 ADDRESS LOCH RAY		250.
1573 BP	23a.	BURIAL CREMATION, REMOVAL			23d. LOCATION CITY OR LOWN	LONG PRIME
DHMH - 16 50M 1/76 (VR A 15 (4))	24	UNERAL DIRECTOR	ADDRESS 100 2		3 1 1980	harmy

		rateeod	as An	Limin	
	20				
Time to a constitution of the constitution of			.A.a.		
	, 112		9048 'Jimas		ET SAM
and aron me, driving the					
				Title	STY
			131		
A THE SAME AS A SECOND					
ED BLVD. SAETO. NO TIESE	SEGO LOUIS RAV				
EI BLWD. SAETU. NIB TÜESE 7	3900 Levil RAV	7	75-7		
ED NEWD. SANTO. NEW TREES.		77	7-76		
2 20 20 20 20 20 20 20 20 20 20 20 20 20					

	6	1.	FOR - STATE REGISTRAR		DEPAR	CERTIF	EALTH AND MENTAL HYG	IENE 8	REG. NO.	1	7 3	7 1
1 250			CEASED NAME FIRST	cy I	MIDDLE	-	as Ey	20 DATE OF C	DEATH M	7//c	7/80	340
(AA)		3. SE	Female	4 RACE	Negro	5. DATE (6 AGE (IN YEAR	RS LAST BIRTHD	_	ONTHS DAYS	
1 15	977		S.C.		WHAT COUNTR	Y? 8 MARRIE WIDOWE	DE DIVORCED	9 BALTIMOR Balt	ecity or imor	COUNTY		
offer de	1 Prified o		TY OR TOWN OF DEATH	(IF NOT IN SU	CH FACILITY, GIVE STRE	SING HOME (OR OTHER INSTITUTION HOSPITAL	120 USUAL OF	CCUPATIO	N	12b. KIND	OF BUSINES
22 hours filled in b	Sales be	USU	AL RESIDENCE (IF NURSING HOM STATE 13b CC	E OR OTHER INSTITUTION		ORE ADMISSION)		13e STREET AL 521	DDRESS E. 2	1st.	St.	
d withing mpletely and 2 lb	examiner	14. F/	THER'S NAME	MIDDLE	Coward		15 MOTHER'S MAIDEN NAM	ME	MIDDLE		t.	ward
e execute	medicof		WAS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SE		17 INFORMANT Lucuis Dor	DATE :	ADDRES:		That I	
quires that the dea signed by the atte hen please remave to bunal, cremation	lury, or other troum	Z	Conditions, if any, which gave rise to immediate couse in a stating the underlying cause last. PART 2 OTHER SIGNIFICAN	DUE TO, C	DR AS A CONSEC		NOT RELATED TO THE TERM	INAL DISEASE	OR CONDI	TION GIVE	N IN PART 1	la-
bon. has been r permit. T	SW O	CERTIFICATION	190 DATE OF OPERATION	196 COND	OITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUTOP	NO 🗆	20b. IF YES, IN CERTIFY YES	WERE FIND	INGS USED S OF DEATH NO
PHYSICIAN: T ending physici this certificate he burial-transind Mental Hygi	or Hem	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF THE CONTRIBUTION OF THE CONTRI	DEATH HOUR A	OF INJURY M. MONTH M. OF INJURY TREET, FACTORY, OFFIC	19	216. HOW INJURY OCCURE 216. LOCATION STREET		IRE OF INJURY		RT 1 OR PART 2)	STA
R ATTENDING F haspital or atte RECTOR. After t red for use as the	em 21 is marked	2	WHILE AT WORK NOT WHILE AT WORK 270. I certify that (1) (the bosow the deceased alive above, (1) (20). (did) (deceased alive above).	orpital) attended the	he deceased fran	807/	nd that in (my) that) apinian	, tadeath accurred	an the date	9 /. 1 e and haur		, that (I) 🗯
O HOSPITAL OR etained by the L TO FUNERAL DIR should be detach with the State Der	MPORTANT: If He		22d PHYSK AND NAME (TY		wie	Mo	ATTENDING PHYSICIAN 2 22e. ADDRESS	MEDICAL DIRECTOR		AN 🗌	7/1	9/80
Ø BP	_	230.	BURIAL, CREMATION, REMOV SPECIFY) Burial	7/23 DATE			more Cem.	23d. LOCAT CITY OR 1 Ba 1	ion town		COUNTY	STATE
DHMH - 16 60M 1/7 (VR A 15 (4))	75		UNERAL DIRECTOR	F/H 1	ADDRESS	North	25a DAT	E REC'D. BY REC		feef	ytel	Midy



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEA REGISTRAR . DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-R. DEATH MATED X Robert 80 Dorsev 19 4. RACE 3. SEX IF UNDER 1 YR. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS DATE 2d HOUR 56 SIRTHDAY) PRONOUNCED Male Black 24 DEAD PRESTON 19 D.M b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Mary land U. S. A. Baltimore City WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH BE FILED, 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) Baltimore Prescott Avenue ECORDS USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 6008 Prescott Avenue 13c. CITY OR TOWN 13a. STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? Maryland Baltimore YES XX NO [VITALE 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME - X AND FIRST MIDDLE MIDDLE LAST FIRST Jenkins Lewis Dora Dorsey 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT ADDRESS DIVISION (YES, NO, OR UNKNOWN) HE YES GIVE WAR OR DATES! Dorothy Fowlks 3310 Kerry Road Yes 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? OF BURIAL YES [] 3 SHOULD BE DEPARTMENT 21g. EXTERNAL CAUSE WAS JIB. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH HE PLACE OF INJURY LATHOME 21d. INJURY OCCURRED 21f. LOCATION AT WORK STATE CITY OR TOWN COUNTY 22a. I certify that I took charge of the remains described above, held an Autapsy and in my opinian death resulted from Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE PAGE 4 SHOU
TO FUNERAL E
AFTER DEATH, Deputy Chiefedical Examiner 7-7-80 ER DEATH, SIGNATURE EXAMINER'S NAME 111 Penn Street Thomas D. Smith, M.D. (TYPE OR PRINT) 23t. NAME OF CEMETERY OF CREMATORY Stepenson Church Cem. 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION STATE Sparks, Maryland Burial 7/11/1980 24. FUNERAL DIRECTOR 25a, DATE REC'D, BY REGISTRAR 25b. RESSTRAR'S SIGNATURE **DHMH - 17** 1980 (VR A15 ME (5)) March F/H 1101 East North Avenue 30M 7/73



	1 0	STATE REGISTRAR GEASED NAME FIRST		WIDDLE	ERTIFICATE OF DEA		REG. N	MONTH DA	Y YEAR	2b. HOL
W.	(TYP	5 CD 1015171	kander	S	Dowling	v "	DATE OF DEATH	7 6	80	10,
(a - 1)	3. SE	Male	4. RACE Whi		MONTH DAY	1903	GE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDE
72 l		IRTHPLACE (STATE OR FOREIGN COUNTRY) Indiana		F WHAT COUNTRY? 8	ARRIED I NEVER MAR	RRIED - 9 B	76 ALTIMORE CITY O			
by the fune filed within	10 0	ITY OR TOWN OF DEATH Baltimore		F HOSPITAL, NURSING HOUCH FACILITY, GIVE STREET ADDRE	DOWED DIVOR OME OR OTHER INSTITU ESS) NOT THE ATE	JTION 12a.	Baltimo USUAL OCCUPAT E OF WORK FOR MOST O Physici	ION OF WORKING LIFE)	12b KIND C	
filled in	13a. M	aryland	ME OR OTHER INSTITUTIO OUNTY		136 INSIDE CITY YES X NO	LIMITS? 13e.	STREET ADDRESS	North rth G	gate	
completely s I and 2 sh	0	ATHER'S NAME FIRST Henry	MIDDLE	Dowling	IS MOTHER'S MA	alden name t .orence	MIDDLE		Stewa	rt
Poges I		WAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) (IF YES	ARMED FORCES?		NO. 17 INFORMANT	Elisabe			S	ame
ne ottending physis emove carbanpap motion, or removo r troumotic event, i		Conditions, if ony, which) (b)_	OR AS A CONSEQUENCE						
been signed by the ottending mit. Then please remove corbon prior to burrol, cremotion, or re ony injury, or other troumotic e	FICATION	2028 Conditions, if any, which	DUE TO, C b)	OR AS A CONSEQUENCE	OF OF BUT NOT RELATED TO		a. AUTOPSY?	20b IF YES, IN CERTIFY	V IN PART 10	NGS USI
reprintations are signed by the ottending certificate hos been signed by the ottending richtrosist permit. Then please remove corbon ental Hygiene prior to buriol, cremation, or relitem 18 shows any injury, or other troumotic ental.	ICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying cause loss PART 2 OTHER SIGNIFICA 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM	DUE TO, C DUE TO, C DUE TO, C CO NT CONDITIONS C 196 CONE 196 CONE 196 CONE HOUR A HOUR A	OR AS A CONSEQUENCE CONTRIBUTING TO DEATH DITION FOR WHICH OPEN OF INJURY A.M. MONTH DAY P.M.	OF H BUT NOT RELATED TO RATION WAS PERFORM! YEAR 19	ED 20		20b IF YES, IN CERTIFYI YES	WERE FINDING CAUSES	NGS USI
In the control of the	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse 10°, stating the underlying cause lost PART 2 OTHER SIGNIFICA 19°. DATE OF OPERATION 21°. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING ACCOUNTED WHILE AT WORK AT WORK	DUE TO, (C) DUE TO. (C) NT CONDITIONS C 19b. CONE 19b. CONE 21b. TIME I HOUR A HOUR A 21e PLACE (AT HOME, S)	OR AS A CONSEQUENCE CONTRIBUTING TO DEATH DITION FOR WHICH OPEN OF INJURY A.M. MONTH DAY P.M. E OF INJURY THE OF INJURY	E OF H BUT NOT RELATED TO RATION WAS PERFORMI YEAR 19 21f. HOW INJUR TO STREET	ED 20 YI RY OCCURRED (a. AUTOPSÝ? ES NO DENTER NATURE OF INJU CITY OR TO	206 IF YES, IN CERTIFY! YES IRY IN ITEM 18, PAR	WERE FINDING CAUSES	NGS USE OF DEA NO
If DIRECTOR. After this certification. A DIRECTOR. After this certification beam is going by the ottending stoched for use as the buriol-transit permit. Then please remove corbon te Dept. of Health and Mental Hygiene prior to buriol, cremation, or refirst them 21 is marked or Item 18 shows any injury, or other traumatic expressions.		Conditions, if ony, which gove rise to immediate couse 10°, stating the underlying cause lost PART 2 OTHER SIGNIFICA 19°. DATE OF OPERATION 21°. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM. 21°d. INJURY OCCURRED WHILE NOT WHILE NOT WHILE IN	DUE TO, C DUE TO, C DUE TO, C CO. NT CONDITIONS C 19b CONE 19b CONE 19b CONE 19b CONE 21b TIME (HOUR A HOUR A INER) 21e PLACE (AT HOME, S)	OR AS A CONSEQUENCE OR AS A CONSEQUENCE CONTRIBUTING TO DEATH DITION FOR WHICH OPEN OF INJURY A.M. MONTH DAY P.M. E OF INJURY IREET, FACTORY, OFFICE, FARM. E	TOF H BUT NOT RELATED TO RATION WAS PERFORM! YEAR 19 21f. HOW INJUR 21f. LOCATION STREET , ond that in (my) (ou DEGREE MD ATTE	PARY OCCURRED (a. AUTOPSY? ES NO DENTER NATURE OF INJU CITY OR TO	20b IF YES, IN CERTIFY! YES, IN CERTIFY! YES, IN CERTIFY! YES, IN CERTIFY!	WERE FINDING CAUSES TI ORPART 2) COUNTY	NGS USE OF DEA NO
Open or conserving purposes. Constituting this certification has been signed by the ottending for use as the buriol-transit permit. Then please remove corbon of Health and Mental Hygiene prior to buriol, cremation, or re-		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost PART 2 OTHER SIGNIFICA 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING AT WORK NOT WHILE AT WORK NOT WHILE AT WORK 22a.1 certify that (b) (this has we the deceosed olivobre, (l) (we) (did) (DUE TO, C DUE TO, C DUE TO, C C DUE TO, C C DUE TO, C C DUE TO, C C L DUE TO, C L DUE TO, C C L DUE TO, C L	OR AS A CONSEQUENCE OR AS A CONSEQUENCE CONTRIBUTING TO DEATH DITION FOR WHICH OPEN OF INJURY A.M. MONTH DAY P.M. E OF INJURY IREET, FACTORY, OFFICE, FARM. E	PEOF H BUT NOT RELATED TO RATION WAS PERFORMI YEAR 19 21f. HOW INJUR TO STREET 1, ond that in (my) (ou	PARY OCCURRED (CITY OR TOV	20b IF YES, IN CERTIFY! YES, IN CERTIFY! YES, IN CERTIFY! YES, IN CERTIFY!	COUNTY Ond from the	NGS USI OF DEA NO

ALTO ALL AND A PROPERTY OF THE

	1		STAT	E OF MARYLAND		
1000	1	FOR STATE REGISTRAR		HEALTH AND MENTAL HYG FICATE OF DEATH	SIENE 8 0	1737
	1. Di	ECEASED NAME FIRST		LAST .	REG. NO	D. MONTH DAY YEAR 26 HOUR
th the		ECHPRINT) ANNA	5. DOWNES		STULT	20 1980
may be page 3	3 5		RACE S. DATE		A AGE (IN YEARS LAST BIRT	
Page 4 n rector, irs after once.		5	MONT		85	MONTHS DAYS HOURS M
ea.n. P	7a E	COUNTRY)		D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
hin hin	10.0	TITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME		120 USUAL OCCUPATION	
by the ed with	6 V	SALTO	1 FOSTE	R AVE	TYPE OF WORK FOR MOST OF	
g = 2	USU 13e	JAL RESIDENCE (IF NURSING HOME OR O	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	1134 INSIDE CITY LIMITS?	13. STREET ADDRESS	
E E E E E	6	MD -	BALTO	YES A NO	3 2 3 1	FOSTER AV
sho sho	14. F	ATHER'S NAME		IS MOTHER'S MAIDEN NA	ME	
uted upper nd 2		HENRY	SAUER LAST	FIRST	UNKMIDDLE	LAST
rect and 1 are	16a	WAS DECEASED EVER IN U.S. ARA		17 INFORMANT	ADDRE	SS
be example ages			WAR OR DATES)	0 11	DEWNES	A Parent
ysician ysician pers. Pa oval. event, 1		NP	UNK	C11175, 11.	DEWALD	APPROXIMATE INTERVAL BETWEEN ONSET AND DE
death certi tending phy carbon pal on, or remy traumatic		PART I. DE ATH WAS CAUSED IMMEDIATE	DUE TO, OR AS A CONSEQUENCE OF	assuler le	Mident	1973
that the at e remove common or other		Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost.	DUE TO OR AS A CONSEQUENCE OF	.0 7 1/	scular D.	1973
requires signed le en pleas to burial	z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1(0)
ne law ri is been sit. The prior to ws any	CERTIFICATION	19g DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	ALLWAS DEBEODUSED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED
e has bermit.	5	THE DATE OF OPERATION	176 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED		IN CERTIFYING CAUSES OF DEATH?
cian. rificate ha nsit perm Hygiene	- E			1	YES NO	YES NO
ysi ysi tra tral		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)
phy mg ph this c our rial	MEDICAL	214 INJURY OCCURRED	210 PLACE OF INJURY	21f LOCATION		
r attending PR: After the as the bur ealth and N	₹ .	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOW	'N COUNTY STATE
or at or at se as se as lealt	100	22a.1 certify that (1) (this haspite	ol) attended the deceased from 9 -	19/3	10 1-20	19, that (I) (we)
ATTE bital or ECTO for use of He		saw the deceased alive an_ above, (I) (we) (did) (did nat)	6 6 7 3 19 80,01	nd that in (my) (our) opinian	death occurred an the do	ite and haur and from the causes stated
E P D T		276. SIGNATURE		DEGREE		22c. DATE SIGNED
RAL D detache tate De		Jaran .	No Techel	MA ATTENDING	MEDICAL STAF	F 7-23-5
Star Ann	-	22 PHYSICIAN'S NAME (TYPE OR	10 varrey	220 ADDRESS	DIRECTOR PHYSIC	IAN U 7 9 -3
To FUNERAL Eshould be detach with the State D		1	Faskel (41)	137 C/	11/1	Balyma - Mal
TO HC retaine TO FL should with the MIMPOR	_			16713 COM.	KIIUUST	Baltimore Ad-
//	23a	BURIAL, CREMATION, REMOVAL		EMETERY OR CREMATORY	236 LOCATION CITY OR TOWN	COUNTY STATE
BP		BURIAL	7/24/80 OFFK	LAWN	BALTO	MD.
DHMH-16 25M	24 F	UNERAL DIRECTOR	ADDRESS	25e DAT		STANGISTRAR'S IGN TURE
(VRA 15 4) 1/79		The Coular	ADDRESS AT A	1 = 1111	2 1 1990	Broken of the same

G O THE TAX WEST partial terms of the state of t

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

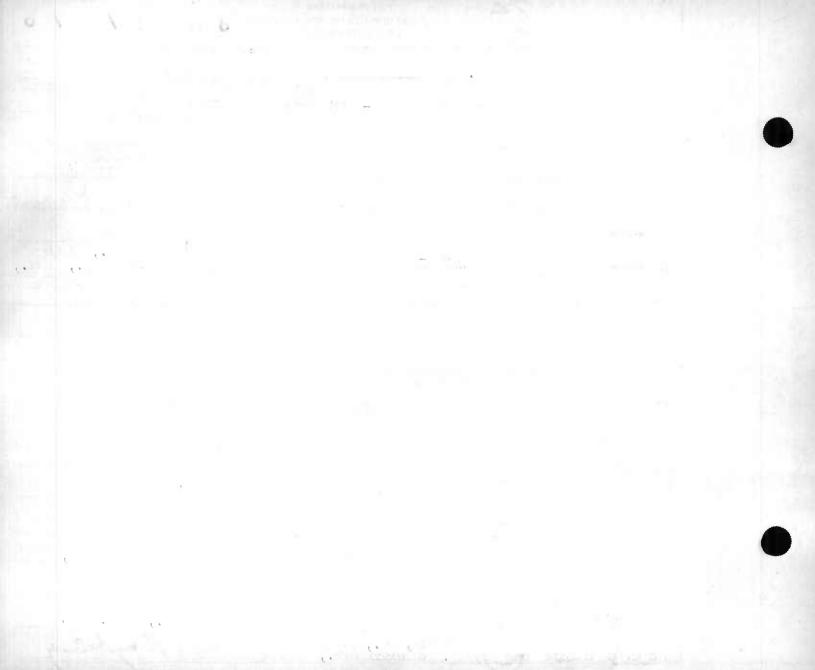
И		REGISTRAR		CEKIII	FICALE OF DEATH	REG. N	0.	ALL	
1		CEASED NAME FIRST	WIDDLE		LAST		MONTH DAY	YEAR	26 HOUR
	(TYPE	ORPRINT) KATHERI	15 00	3 ulhus			I 19	80	7
	0.053				05.000	1.105			1.25 M
	3. SEX	× _	4 RACE	5. DATE (OF BIRTH TH DAY YEAR	6. AGE (IN YEARS LAST BIRT	MONTH	DER I YEAR	# UNDER 24 HRS. HOURS MIN
		-	V	1		24	YRS.	IS DATS	THE STATE OF THE S
		RTHPLACE ISTATE OR FOREIGN	TO CITIZEN OF WHAT	OUNTRY? 8		9. BALTIMORE CITY C		DEATH	
1	C	Texas	TIC A		ED NEVER MARRIED	PA = 'm			
0	10.01		USA	WIDOW				AIT	MD.
	-		(IF NOT IN SUCH FACILITY		OR OTHER INSTITUTION	12a. USUAL OCCUPATI		26. KIND O NDUSTRY	OF BUSINESS OR
1	7	BAGIMORE.		3500		Toll Take			our Tun.
	USUA	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RES)				
1		STATE 136, COUN		YORTOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
)		aryland	Ba	ltimore	YES X NO	6400 Gary	Avenue		
	14. FA	ATHER'S NAME	NODLE	EAST	15 MOTHER'S MAIDEN N	AME		LAS	
0	R	ichard	Down	ne	Dorothy		THE PARTY	Evans	
	160 V	VAS DECEASED EVER IN U.S. ARA	AED FORCES? 166. SO	CIAL SECURITY NO.	17 INFORMANT	ADDRE		D v ca La C	
1	(Y		WAR OR DATES)	64 4272	D 41 D	-1 (100 (
		no	210	64 4273	Dorothy Dow	ming 6400 (Gary Ave		
		18 CAUSE OF DEATH (Enter and	y one couse per line for	(o), (b), and (c).)				BETWEEN	MATE INTERVAL ONSET AND DEATH
	53	PART I. DEATH WAS CAUSED	E CAUSE (a) (AR)	io ? II L Moi	NARY A	RREST	144		
		TIOD IMMEDIATI			1371-1				
	100	2188		CONSEQUENCE OF	1 1		75000		
	192	Conditions, if any, which gove rise to immediate	(b) YULY	MONARY	INSUFFICIS	NCY			
		cause (a), stating the	DUETO ORASA	CONSEQUENCE OF			03150		
		underlying cause lost.	(6)						
		PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIB	ITING TO DEATH BUT	T NOT BELATED TO THE TER	MINIAI DISEASE OR CON	DITION CIVEN II	I DADT 1/	
	z		- 0			MITAL DISEASE ON COIL	SINOIN GIVEIN II	T ANT THE	ur
	CERTIFICATION	SELF INFLICT		(HES)	11/23/75	Tea	Ton 15 Mag 1115		
7	O	190 DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE		
	TIF					YES NO	YES 🗌		NO 🗌
	W	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJUR		21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1	OR PART 2)	
7		OR CONTRIBUTING CAUSE OF DEAT	"	ONTH DAY YEAR					
	Ž,	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19	617 - 0.5 4 2 10 1				
	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJU	ORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	VN C	OUNTY	STATE
	~	AT WORK NOT WHILE							-
		220.1 certify that (1) (this hospit	attended the decea	sed from ' 1	18 19 80	0 10 7	19 19	50	that (Twe) last
		sow the deceased alive an	7/19	19 80	nd that in (my) (our) opinia	n death occurred on the de	ate and hour and		
		above, (l) (we) (did) (did nat) view the body after de	ath.					
		276 SIGNATURE	1 10	1. 7	DE GREE ATTENDING	MEDICAL STAI	. /	22c DATE	SIGNED
	1	Millings	multe !	/W/	PHYSICIAN	DIRECTOR PHYSIC		71	19 10
2		274 PHYSICIANS NAME (TYPE OF	M(r)		22e. ADDRESS	1.			
		()	1 GAME	115	1225	Tre , 51	V=15.	7.1	201
					LL d. /	118N 01	A 5.51		01
	23a. 8	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUR	VTY	STATE
		Cremation	7/21/80	Securi	ity Process	Baltimor			Md
	_			The second second second					

DHMH - 16 50M 7/77 (VR A 15 (4))

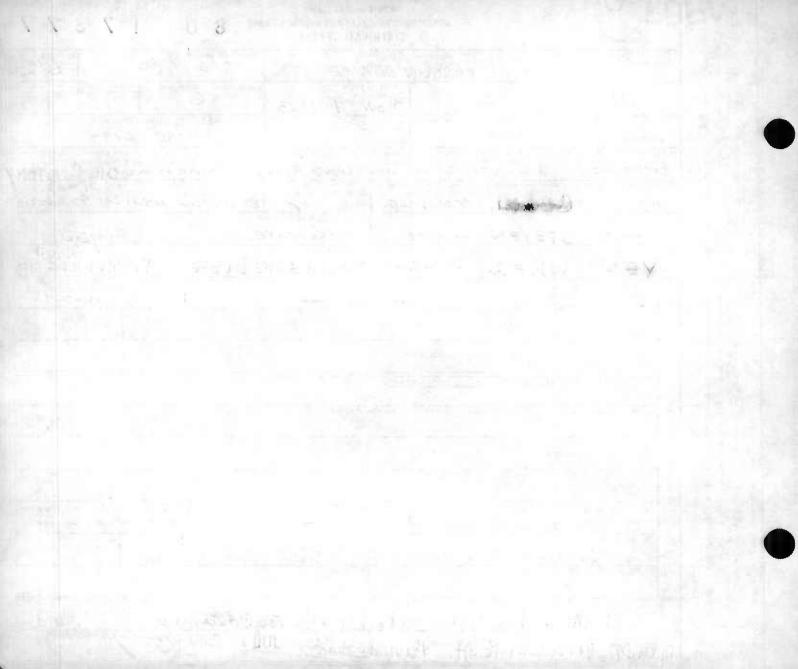
24. FUNERAL DIRECTOR 1005 Dundalk Avenue NAME Walter Dabrowski

250. DATE REC'D, BY REGISTRAR 256. CIS DAR'S STANDARD

		[]		
			123	CANS
r medsam r	DEST TEN			for trade-size
Avenue	(2n) 00n)	¥ =20	112 (11)	boofgaal
Emry3	yfflox		gest prod	n nap1)

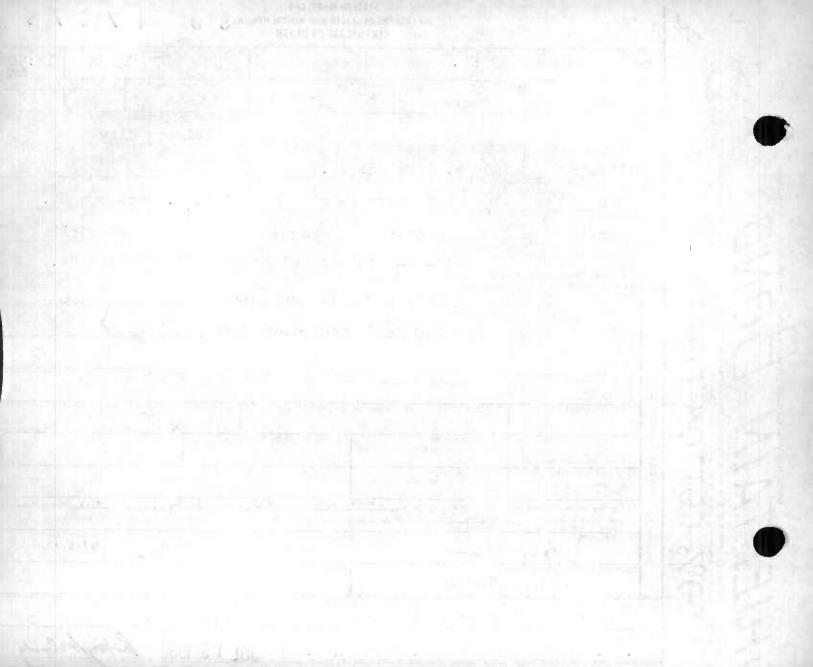


3. SEX 4. RACE 5. DATE OF BIRTH MONTH DAY 1923 78. BIRTHPLACE (STATE ORFOREIGN COUNTRY) MARRIED NEVER MARRIED NOONED 10. CITY OR TOWN OF DEATH WIDOWED 110. CITY OR TOWN OF DEATH WIDOWED 111. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) WIDOWED 138. STATE 139. STATE 139. STATE 131. CITY OR TOWN 131. CITY OR TOWN 131. CITY OR TOWN 132. CITY OR TOWN 133. STATE 134. STREET ADDRESS 135. MIDDLE 145. FRIST 15. MOTHER'S NAME FRIST FR	1	1			STATE OF MARYLAND			
DECEASED NAME 1851		1.	- STATE			0 0	17	3 7
3. SEX SOATE OF BIRTH AND SOATE OF BIRTH SOATE SOATE OF BIRTH SOATE SOATE OF BIRTH SOATE SOAT			COLUMN TO THE PROPERTY OF THE	/			MONTH DAY YEAR	1.1
THE BIRTHPIACE STATE OR FORCED THE BIRTHPIACE STATE OR FORCED THE COUNTRY THE STATE OR FORCED THE SUCH ACCEPTANCE OF WHAT COUNTRY PRODUCED THE SUCH ACCEPTANCE THE SUSTAIN COCUPATION THE SUSTA		2.55		. Hillallylla		A AGE INIVERSITATION		
Ja. BIRTHPIACE (STATE ORTORISON Jb. CITIZEN OF WHAT COUNTRY? WARRIED NEVER MARRIED DWORCED JB. CITIZEN OF BUSINE MARRIED NEVER MARRIED DWORCED DWORCED DWORCED JB. CITIZEN OF BUSINE MARRIED NEVER MARRIED DWORCED DWORCED JB. CITIZEN OF BUSINE MARRIED NEVER MARRIED DWORCED DWORCED DWORCED JB. CITIZEN OF BUSINE MARRIED DWORCED DWORCED JB. CITIZEN OF BUSINE MARRIED MARRIED DWORCED JB. CITIZEN OF BUSINE MOUSTRY DWOST COUNTRICE MARRIED DWORCED MOUSTRY DWORCED MOUSTRY DWORCED MOUSTRY DWORCED MOUSTRY DWORCED MOUSTRY DWORCED MOUSTRY DWORCED DWORCED MOUSTRY DWORCED DWORCED DWORCED DWORCED MOUSTRY DWORCED DWORCED DWORCED DWORCED DWORCED DWORCED DWORCED DWORCED DWO DISTRICT DWORCED DWO DISTRICT DWO DISTRICT DWORCED DWO DISTRICT DWO DISTRICT DWORCED DWO DISTRICT DWORCED DWO DISTRICT DWO DI	18	1 26	m	16-	MONTH DAY YEAR	and the same of th	MONTHS DA	
TO CONTINUE OF DEATH IT. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ITS USUAL DCCUPATION IN INTERCEDED TO CONTINUE OF MANAGEMENT OF M	U.	0	OUNTRY)	INCA M			R COUNTY OF DEATH	
USUAL RESIDENCE IS NURSANC COUNTY. 138. STATE 139. S	Se not	10 C	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL NURSING HE	OME OR OTHER INSTITUTION	12e USUAL OCCUPATE (TYPE OF WORK FOR MOST O	ON 12h KINI F WORKING LIFE) INDUST	D OF BUSINESS
13. STATE 13. COUNTY 13. CITY OR TOWN 13. INSIDE CITY LIMITS? 138. STREET ADDRESS 13. STREET ADDRESS	155					PL SERVCE	MISCHANIC OIL	_ Com?
18. FATHER'S NAME 18. MODIE 18. MODI	m w	130	STATE 13 COUNT	Y, Jan 13c CITY OR TOWN	1134 INSIDE CITY LIMITS?	13R. STREET ADDRESS	= FARM LA	1903.
TIEM WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS JAPIN 16 INFORMANT IN TEXTS, ONE WAS ORDERED IN THE WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS JAPIN 16 INFORMAN	xam	_		MULA TRANSPORT			_ / * / * / * / * / * / * / * / * / * /	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
18 CAUSE OF DEATH :Enter only and couse per line for (a), (b), and ic:) 18 CAUSE OF DEATH :Enter only and couse per line for (a), (b), and ic:) 18 CAUSE OF DEATH :Enter only and couse per line for (a), (b), and ic:) 18 CAUSE OF DEATH :Enter only and couse per line for (a), (b), and ic:) 18 CAUSE OF DEATH :Enter only and couse per line for (a), (b), and ic:) 19 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost 10 DUE TO, OR AS A CONSEQUENCE OF 19 DATE OF OPERATION 19 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IN CERTIFYING CAUSES OF DEAT 19 DIE TO, OR AS A CONSEQUENCE OF IN CERTIFYING CAUSES OF DEAT 19 DIE TO, OR AS A CONSEQUENCE OF IN CERTIFYING CAUSES OF DEAT 19 DIE TO, OR AS A CONSEQUENCE OF IN CERTIFYING CAUSES OF DEAT 19 DIE TO, OR AS A CONSEQUENCE OF IN CERTIFYING CAUSES OF DEAT 19 DIE TO, OR AS A CONSEQUENCE OF IN CERTIFYING CAUSES OF DEAT 19 DIE TO, OR AS A CONSEQUENCE OF IN CERTIFYING CAUSES OF DEAT 19 DIE TO, OR AS A CONSEQUENCE OF IN CERTIFYING CAUSES OF DEAT 19 DIE TO, OR CONTROLLING CAUSES OF DEAT 19 DIE TO, OR CONTROLLING CAUSE OF DEAT 19 D	5000		The same of the sa		FLONFIN	MIDDLE	Bon	LAST
The state of the s	E D -	16n V	WAS DECEASED EVER IN U.S. ARM				55	2190:
TO THE CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c): PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Pages the	7	VES. NO OF UNKNOWN) IN YES, GIVE W	1#2 219 14 204	NORMAGE	HE DU HRE	PERRY	VILLE
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART 3 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART 4 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART 5 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART 6 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART 7 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART 7 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART 7 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART 8 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART 7 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART 8 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART 8 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEA	rent,	-	LIL CALISE OF DEATH (Fotor coly					OXIMATE INTERV
DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a1, stating the underlying cause lost) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION WAS PERFORMED 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR HOUR A.M. MONTH DAY YEAR HOUR A.M. MONTH DAY YEAR HOUR A.M. MONTH DAY YEAR HOUR A.M. MONTH DAY YEAR HOUR A.M. MONTH DAY YEAR AT WORK IN THE MISSING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN TIEM 18, PART 1 OR PART 2) 217. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN TIEM 18, PART 1 OR PART 2) 218. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN TIEM 18, PART 1 OR PART 2) 219. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN TIEM 18, PART 1 OR PART 2) 210. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN TIEM	ic ev		PART I. DEATH WAS CAUSED	BY:				
Conditions, if ony, which gave rise to immediate cause iol, stating the underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION	or re		IMMEDIATE	CA652 10/				
gave rise to immediate cause lost stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION TO THE TE	trau			DUE TO, OR AS A CONSEQUENCE	OF			
DUE TO, OR AS A CONSEQUENCE OF COUNTY COUNTY COUNTY	her			ιρ)				
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 191. ACCIDENT WAS UNDERLYING CAUSES OF DEATH HOUR A.M. MONTH DAY YEAR 190. DATE OF OPERATION 191. ACCIDENT WAS UNDERLYING CAUSES OF DEATH HOUR A.M. MONTH DAY YEAR 190. DATE OF OPERATION 191. DATE OF OPERATION 191. ACCIDENT WAS UNDERLYING CAUSES OF DEATH HOUR A.M. MONTH DAY YEAR 191. LOCATION STREET CITY OR TOWN COUNTY ST. 191. COLOR TOWN COLOR TOWN COUNTY ST. 191. COLOR TOWN COLOR	or of		cause (a), stating the	DUE TO, OR AS A CONSEQUENCE	OF			
190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 200 N	īz.			(c)				
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAK (IF EITHER, NOTHY MEDICAL EXAMINER) P.M. 19 21a. INJURY OCCURRED 21a. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY ST.	niui.	l _z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART	1(0)
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAR (# ETITINE, NOTE MEDICAL EXAMINER) 218. NJURY OCCURRED (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 219. CONTRIBUTING CAUSE OF DEATH (# ETITINE, NOTE MEDICAL EXAMINER) 210. CONTRIBUTING CAUSE OF DEATH (# ETITINE, NOTE MEDICAL EXAMINER) 211. COCATION STREET CITY OR TOWN COUNTY ST.	- a -	본						
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAR (# ETITINE, NOTE MEDICAL EXAMINER) 218. NJURY OCCURRED (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 219. CONTRIBUTING CAUSE OF DEATH (# ETITINE, NOTE MEDICAL EXAMINER) 210. CONTRIBUTING CAUSE OF DEATH (# ETITINE, NOTE MEDICAL EXAMINER) 211. COCATION STREET CITY OR TOWN COUNTY ST.	ows of	ξ	19a DATE OF OPERATION	1% CONDITION FOR WHICH OPE	RATION WAS PERFORMED	20a AUTOPSY?	IN CERTIFYING CAUS	DINGS USED SES OF DEATH
OR CONTREISTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAK OF DAY OF DAY OF CONTREISTING CAUSE OF DEATH OF CONTREISTING CAUSE OF DEATH OF CONTREISTING CAUSE OF DEATH OF CONTREISTING CAUSE OF CONTREISTING CITY OF TOWN COUNTY STREET CITY OF TOWN COUNTY STREET CITY OF TOWN COUNTY STREET OF CONTREISTING COUNTY STREET OF CONTREISTING COUNTY STREET CITY OF TOWN COUNTY CITY OF TOWN COUNTY COUNTY CITY OF TOWN CITY	8 sh	J ∄						- 72
THE TOTAL MEDICAL EXAMINER) P.M. 19 21d. IN JURY OCCURRED WHILE ON TOWN WHILE ON AT WORK AT WORK OF THE FLACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET CITY OR TOWN COUNTY ST.	H H	U				RRED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART I OR PART	2)
WHILE NOT WHILE AT WORK AT WOR	r Ite	13						
E E AT WORK AT WORK	o pa	ĕ	21d. INJURY OCCURRED					
	arke	₹	WHILE NOT WHILE	[AT HOME, STREET, FACTORY, OFFICE, FARM, I	IC) STREET	CITY OR TO	WN COUNTY	STA
				It asserted the determined from	2/1/2 10 80	7/	2-/10/10	Alima (Is also
	t. o	1	above, (1) (are) (did) (did not)	view the bady after death.		in dealth occurred an the d		
saw the deceased alive an 7/2/19 on and that in (my) (**) apinion death occurred on the date and hour and from the causes sta abave, (1) (**) (idid (**) view the body after death.	Jep If I		276 SIGNATORE			MEDICAL STA	-	
obove, (I) (etc.) (did)/dird not) view the body after death. DEGREE 22c DATE SIGNED	9 5		CUSAL.	MASS / AUSTRALIA) FUNCE PACTAGENDING PHYSICIAN	DIRECTOR PHYSIC	IAN Q	12/8-
obove. (I) (ex) (did) (dwd not) view the bady after death. DEGREE 220 DATE SIGNED	A		224 PHYSICIAN'S NAME (1975 ORF	re(set)	22R ADDRESS			/
obove, (h (ex) (did)/divid not) view the body ofter death. DEGREE 220 DATE SIGNED								
above. (I) Here) (did) (did) (did) not) view the body after death. DEGREE THE SHIGH ALONE DEGREE THE PHYSICIAN S NAME (THE CORDER)	N N		L					
above, (1) (a) (did)/did not) view the bady after death. DEGREE The Physician's NAME (the careful)	-	23a	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. NAMI	OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY	STAT
obove. (1) (=2) (did / the hot) view the body ofter death. DEGREE DEGREE THE PHYSICIAN S NAME (1796 CAPACITY) THE PHYSICIAN S NAME (1796 CAPAC			CREMATION	July 3 1980 Jour	contackland		112	me
above, (1) (=2) (did) (d		24 F	UNERAL DIRECTOR	4 0 6	1 1 250. DA	TE PEC'D. BY REGISTRAR	25h REGISTRARIS SIGN	VATURE
Obove, (1) Hee) (did) (divition) view the body ofter dyoth. DEGREE MSSS (MUSTINIAN) PLAND PM ASTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR STAFF PHYSICIAN DIRECTOR PHYSICIAN DIREC	6 25M 4) 1/79	-11	Insomet Work	Jomo PH ADDRESS HOW	10 de draco	011	. /	· made



					5	TATE OF MARYLAND		1	
-	6	1.	FOR STATE REGISTRAR			OF HEALTH AND MENTAL H	YGIENE 8 O REG. N	1 7	7 3 7 8
W.	5		CEASED NAME FIRST J	ohn MIDDLE	W. D	Duncan	20 DATE OF DEATH	07 23	80 1020 N
4 m	4	3 SE	x	4 RACE	5. DA	TE OF BIRTH	6 AGE (IN YEARS LAST BIR	RTHDAY) IF UP	NDER I YEAR IF UNDER 24 HKS
oge	ours o	7. D	Male RTHPLACE ISTATE OF FOREIGN	75 CITIZEN OF WHA	nite c	5 12 13	9 BALTIMORE CITY	YRS	
deoth. P	ot once	Pe	ennsylvania	USA	MA	RRIED NEVER MARRIED [BAL	T. CIT	TY MD
or the f	iled with	1 4	74T. WD.	(IF NOT IN SUCH FACI	ITAL, NURSING HOLLITY, GIVE STREET ADDRESS	HOSP	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST	OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY Armco Steel
ND 212	must be	13a.	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE R	RESIDENCE BEFORE ADMISS CITY OR TOWN Dundalk			000	
RYLA	2 sho	14. F.	THER'S NAME	WIDDIE	LAST	15 MOTHER'S MAIDEN I		77160	
MAI ted w	00:30		Samuel	D. 1	Duncan	Mary	Elizab		Cleary
ORE,	ges		VAS DECEASED EVER IN U.S. AR (es, no or unknown) (IF yes, giv		SOCIAL SECURITY N	1 4			ew Drive
be e	rs. Po	No		1	08-05-91	Thelma O	. Duncan	Balto.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours or attending physicion.	ose remove corbonp il, cremotion, or remo other troumotic ever		PART I. DEATH WAS CAUSE IMMEDIA' Conditions, if ony, which gove rise to immediate couse iol, stating the underlying couse lost	DUE TO, OR AS	ACONSEQUENCE C	ONGESTIVE !	HART FAIL	urf	- 4
RDS, 20	Then ple ir to buric injury, or	NO	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTR	BUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CON	IDITION GIVEN I	N PART 10
AL RECO	rene prio	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERA	ATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WI IN CERTIFYING YES	ERE FINDINGS USED G CAUSES OF DEATH? NO
OF VII	riol-trons entol Hygi frem 18 sh	R	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M.	MONTH DAY YE	AR 19	URRED (ENTER NATURE OF INJU	JRY IN ITEM 18, PART 1	OR PART 2)
IVISION IG PHYS offending	of the bur	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IN (AT HOME, STREET, FA	JURY CTORY, OFFICE, FARM, ETC	21f. LOCATION STREET	CITY OR TO	wn (COUNTY STATE
TTENDIN pritol or	for us of He 21 is		22a.l certify that (this haspi sow the deceased alive on above, (1) (we) (did) (did no	7 1	77 :	, and that in (my) (our) opinion			d from the couses stated
AL OR A	letoched ote Dept T. If Item		22b. SIGNATURE Peter la	ul Steme		DE GREE ATTENDING PHYSICIAN		IFF CIAN Z	7-23-80
HOSPITA			22d. PHYSICIAN'S NAME (TYPEO			BACT.	CUTY H	920	
To or	43 3	230	UIDIAL CREALATION PEACOVAL	236. DATE	23c NAME (OF CEMETERY OR CREMATOR		COLL	NTY STATE
BP_			Burial Burial	7/26/8	0 Oak	Lawn Cemete	ry	Balt:	imore, MD
DHMH - 16 60 (VR A 15		24 F	NAME DIRECTOR Duda-				ATÉ REC'D. BY REGISTRAR	25b PEGISTRAR	Metredy
CI A NY J	-71		7922 Wise Ave	enue, Dun	dalk, MI	21222 JU	F m n 1200		/

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙊 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASED NAME RAYMOND 80 DUNCAN (TYPE OR PRINT) am & AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR 4 RACE 3 SEX 5 DATE OF BIRTH MONTH 19 23 Male Negro 60 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY MD USA Baltimore City WIDOWED O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! TYPE OF WORK FOR MOST OF WORKING LIFE 1044 W. Saratoga St. Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13g STATE 131 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS P 1044 W. Baltimore Saratoga St. MD YES X 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME 0 MIDDLE McCardel 1 Burlie Maggie Duncan ADDRESS 16g WAS DECEASED EVER IN U.S. ARMED FORCES 16b SOCIAL SECURITY NO 17 INFORMANT YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Michael Duncan 4368 Parkton St. 214-18-0816 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IS W. PRESTON carcinoma Conditions, if onv. which gave rise to immediate couse 101, stoting the DUE TO, OR AS A CONSEQUENCE OF lost underlying couse 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to DIVISION OF VITAL RECORDS, CERTIFICATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED ă IN CERTIFYING CAUSES OF DEATH? ě NOD YES [NO [Mental Hygi 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21b. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH or Item MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M 21e PLACE OF INJURY 211 LOCATION 21d INJURY OCCURRED (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE morked NOT WHILE WHILE AT WORK AT WORK Jame. 22a.1 certify that (1) (this haspital) attended the deceased from... , 5 The (5 1900 sow the deceased alive on. , and that in (my) (our) apinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death uld be detached in the State Dept. 22c. DATE SIGNED 22b. SIGNATURE DEGREE 7/15/80 ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 22e. ADDRESS 226. PHYSICIAN & NAVE THE PRINT with 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY (SPECIFY) Burial /18/80 Cheltenham VA Cem Cheltenham MD BP 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 NAMI 198 (VR A 15 (4)) C. March F/H 1101 E. North Ave.



-			STATE OF MARYLAND				
	1.	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	SIENE 8 U	1738	
		CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR 26. HOUR	
5	(IIII)	Harry	A.	DUNCEAUCI		7-3-80 200	
(動	3 SE	male	RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	DAY) FUNDER I YEAR FUNDER 24 MONTHS DAYS HOURS M	
200	C	RTHPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT COUNTRY?		BALTIMORE CITY OF	COUNTY OF DEATH	
			NAME OF HOSPITAL, NURSING	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	N 126. KIND OF BUSINESS	
of the first	USU. 13a S	AL RESIDENCE IN NURSING HOME OR OTT STATE 136 COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFOR	MOMISSION) 134. INSIDE CITY LIMITS? YES P NO []	13e. STREET ADDRESS	and Pla Dr A	
2 show	14. FA	ATHER'S NAME FIRST MIDT	Dunleavy	15. MOTHER'S MAIDEN NA FRIST Briget		McHale LAST	
ages 1 and the medical		VAS DECEASED EVER IN U.S. ARME YES, NOOR UNKNOWN) (IF YES, GIVE WA	D FORCES? 166 SOCIAL SECT	JRITY NO. 17 INFORMANT	ADDRES	SS	
Page		no		Agnes V. Dur	leavy, 4601	Lawn Park Rd. 212	
the at remove remati r other		Canditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	tastate CAGL	mg		
ten signed by the at Then please remove or to burial, cremati any injury, or other	NOI	gave rise to immediate cause (a), stating the underlying cause last	(c)	tastale CAGA	NINK DISEASE OR COND	ITION GIVEN IN PART 1(0)	
te has been signed by permit. Then please re iene prior to burial, cr is shows any injury, or	TIFICATION	gave rise to immediate cause (a), stating the underlying cause last	(c) NDITIONS CONTRIBUTING TO	tastale CAGA	NINK DISEASE OR COND 20a AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USED	
certificate has been signed by transit permit. Then please re tref Hygiene prior to burial, or Item 18 shows any injury, or	CAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last	(c) NDITIONS CONTRIBUTING TO	ENCE OF DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED 216 HOW INJURY OCCUR	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO	
cate has been signed by sit permit. Then please re ygiene prior to burial, or 18 shows any injury, or	MEDICAL CERTIFICATION	gove rise to immediate cause 101, storing the underlying cause lost PART 2 OTHER SIGNIFICANT CON 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	NDITIONS CONTRIBUTING TO 19% CONDITION FOR WHICH 21%, TIME OF INJURY HOUR A.M. MONTH D	ENCE OF DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED AY YEAR 19 211 LOCATION	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \) NO \(\text{NO} \) IN ITEM 18, PART 1 OR PART 2)	
ECTOR: After this certificate has been signed by for use as the burial-transit permit. Then please ret of Health and Mental Hygiene prior to burial, cream 21 is marked or Item 18 shows any injury, or		gove rise to immediate cause lat, stating the underlying cause last punderlying cause last punderlying cause last punderlying cause last punderlying late. Accident was underlying cause of death (if either, notify medical examiner) punderly late. Par work at work punderly late. Not white punderly late. Par work punder	19% CONDITION FOR WHICH 21%. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, ottended the deceased fram	ENCE OF DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED AY YEAR 19 211 LOCATION STREET and that in (my) (aur) apinion	20e AUTOPSY? YES NO CITY OR TOWN 10 7/3	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO COUNTY COUNTY STATE 19 that (1) (we) the and hour and from the causes stated	
DIRECTOR: After this certificate has been signed by ched for use as the burial-transit permit. Then please re Dept. of Health and Mental Hygiene prior to burial, cr.: If Item 21 is marked or Item 18 shows any injury, or		gove rise to immediate cause 101, storing the underlying cause lost PART 2 OTHER SIGNIFICANT CON 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (# EITHER, NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK OT WHILE SOW THE CONTRIBUTION OF WHILE AT WORK ON THE CONTRIBUTION OF WHILE SOW THE CHARGE OF WHITE SOW THE CHAR	19% CONDITION FOR WHICH 21%. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, ottended the deceased fram iew the bady after death.	ENCE OF DEATH BUT NOT RELATED TO THE TERM DEPERATION WAS PERFORMED 21c HOW INJURY OCCUR AY YEAR 19 21f LOCATION STREET and that in (my) (aur) apinian DEGREE ATTENDING PHYSICIAN [200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY CITY OR TOWN death accurred on the dat MEDICAL STAFF	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO NO NO NO NO NO NO NO NO NO NO	
LOHECTOR: After this certificate has been signed by ched for use as the burial-transit permit. Then please re Dept. of Health and Mental Hygiene prior to burial, or If Item 21 is marked or Item 18 shows any injury, or	MEDICAL	gove rise to immediate cause 101, storing the underlying cause lost PART 2 OTHER SIGNIFICANT CON 198 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (# EITHER, NOTH'S MEDICAL EXAMINER) 216. INJURY OCCURRED WHILE OT WHILE AT WORK OT WHILE OF WORK OF WO	19% CONDITION FOR WHICH 21%. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, ottended the deceased fram iew the bady after death.	ENCE OF DEATH BUT NOT RELATED TO THE TERM DEPERATION WAS PERFORMED 21c HOW INJURY OCCUR AY YEAR 19 21t LOCATION STREET and that in (my) (aur) apinion DEGREE ATTENDING	280 AUTOPSY? YES NO CITY OR TOWN CITY OR TOWN death accurred on the dat	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO NO NO NO NO NO NO NO NO NO NO	

to all the lost extent in ignes V. Bankeny, act han destrict. The the Destroited Loss Destroited Land Edministra Avanam, - Edenbyikko, dd - Alltham Functed Home of Ontonoville, 19, 8, 21224 - Cill 9 - 1980 P.

n- D	1.	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE OF THE TOTAL TO					
7	1	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	1 / 0 0 1	
g (M)	1. DE (TYPE	CEASED NAME FIRST An	na I. Dunsmo	July 25, 1			
ge 4 may	3 SE	x Female	4 RACE White	Dec. 26, 1913	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS MOURS MIN.	
earn. Pa eral dire 72 hours	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland		USA WIDOWED A DIVORCED		Baltimore City Baltimore City MD.		
urs after day the funda within	10, C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS? Long Green Nursing Home		12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) Bookeeper 12b. KIND OF BUSINESS OR INDUSTRY USS OLINE Service Static		
filled in build be file	USU 130	AL RESIDENCE (IF NURSING HOME CONSTATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)		1306 W. 40th Street		
npletely ind 2 shou	14 F	ATHER'S NAME FIRST William Griff	MIDDLE LAST	IS MOTHER'S MAIDEN NO FREST Annie	Appel.	LAST	
n and con Pages 1 ar		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC		ADDRESS	W. Loth Street	
DING PHYSICIAN: The law requires that the death certificate be executed within 24 houstending physician. After this certificate has been signed by the attending physician and completely filled in bus is the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed in the hand Mental Hygiene prior to burial, cremation, or removal. marked or Item 18 shows any injury, or other traumatic event, the medical examiner must		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEO (c)		AAINAL DISEASE OF CONDITION	ON GIVEN IN PART I (a)	
The law requents been signeral. Then pare prior to be shows any inj	CERTIFICATION	190 DATE OF OPERATION		TH OPERATION WAS PERFORMED	20a AUTOPSY? 20i	LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES □ NO □	
PHYSICIAN: The graphsician. This certificate ha urial-transit perm Mental Hygiene dor Item 18 sho		710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M. MONTH		RRED (ENTER NATURE OF INJURY IN	ITEM 18, PART I OR PART 2)	
DING PH ttending p After this s the buria th and Me marked o	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC 211 LOCATION	/ CITY OR TOWN	COUNTY	
TTAL CA ATTEN 7, the hospital or 2 8A DIRECTOR Petached for use eate Dept. of Hea NT: If Item 21 is		12s I certify that (I) (this hose on the deceased plive a obder, (I) (was shell (did to 12h SIGNATURE)) 22d PRYSIC/AN'S NAME THE	Electron	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	71 (
TO HOSPI retained by TO FUNE should be with the S	-		iam G. Helfrich	5006 Rola		Baltimore, Md.	
36 X	730	BURIAL, CREMATION, REMOVA (SPECIFY) B Urial		Take View Memorial	Pk Sykesville	Carroll Co Md	
DHMH-16 25M		UNERAL DIRECTOR	Home Baltimore	25e. DA	ATE REC'D. BY REGISTRAR 256.	REGULARY SIGNATURE	

Ama I. Dunamore

- omalo

- om

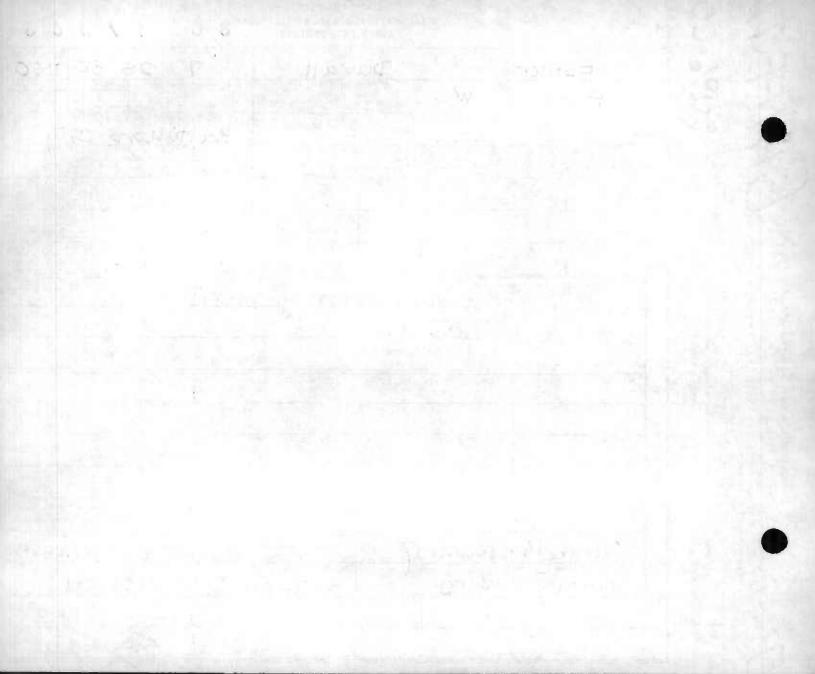
03 - 49 - 7/

lr. William G. Hellogen 5006 Julian Lychur millione, Ud.

Herisi 25 July 80 take Vias - erect 1 k - krastijo, Garrell Co ld - etareo - uperal deca, Jakitirore, karyloro e e e jiji 21 2005 - -

X A palacitado verte esta a verte de verte

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH YEAR A DECEASED NAME HOUR (TYPE OR PRINT) Esther 80 4. RACE 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX MONTH YEAR hite 12 1903 Th GITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED M.ore Maryland U.S.A. WIDOWEDX ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 128 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore City Hospital Baltimore Housewife 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS ping Baltimore 1817 Dundalk Avenue Maryland Dundalk 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE Michaelman Edward EV Maggie ADDRESS1813 Dundalk Ave 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT BALTIMORE, (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Balti. MD 21222 No 217-22-4184 Margaret M. Miller APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate iol, stoting DUE TO, OR AS A CONSEQUENCE OF underlying last cause CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2. OTHER SIGNIFICANT CONDITIONS CERTIFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOL Нуді 216 TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 00 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE NOT WHILE AT WORK 22011 certify that (1) (this hospital) attended the deceased from saw the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body after death MPORTANT: If Item 226. SIGNATURE 22c)DATE SIGNED DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN VZE ADDRESS should be with the 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL STATE (SPECIFY) Baltimore, Balto. Burial Oak Lawn Cemetery 24 FUNERAL DIRECTOR Duda-Ruck, Incappress DHMH - 16 60M 1/75 (VRA 15 (4)) 7922 Wise Avenue, Dundalk,



	1			STATE OF MARYLAND		
K	1.	FOR STATE REGISTRAR	DEPART	NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	0 0	1738
-	1. DE	CEASED NAME FIRST	WIDDLE	LAST	REG. NO. 20 DATE OF DEATH MO	NTH DAY YEAR 26 HOUR
6 5	(TYPE	JOHN W.	EBBENHOUSE	3nd.	-	7/27/80 2:08
-	3 SE	(4 RACE	5 DATE OF BIRTH	& AGE (IN YEARS LASY BIRTHD)	
脚		Male	C White	07 11 41	39	YRS. HOURS M
		RTHPLACE ISTATE OR FOREIGN SUNTRY Land	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	Balta IT Y	COUNTY OF DEATH
not not	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	
ed w	B	ALTIMORE	SOUTH BALTIMULE		Security Gu	
be fill	USU 13a	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR	EADMISSION]	13. STREET, ADDRESS	
fille uld b	WA.	uyland	Baltimor		1614 Webst	er St. Balto.Md.
sho sho	14. F/	THER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME MIDDLE.	
mple and 2 dical		John	W. Ebbenh	ouse In. Grace		Becken
of the		VAS DECEASED EVER IN U.S. AR			ADDRESS	
Pages t, the n	,	(IF YES, GIV	E WAR OR DATES) Unknown	John W. Ebbe	enhouse, Same	as above
ers. ers. val.		IL CAUSE OF DEATH (Enter of	nly one couse per lipe for (a), (b), or	det 0		APPROXIMATE INTERVAL BETWEEN ONSET AND DE
phy pap emo		PART I. DEATH WAS CAUSE	D BY	bony for line	shock	
bon or re		109 A IMMEDIA	TE CAUSE (8)		1 31-00	
carbon on, or traum		1010	DUE TO, OR AS A CONSEQU	INCE OF	S. O	541
mati ther		Conditions, if ony, which gove rise to immediate	(b) Konal	and and	morna w	7/10
cremati or other		cause (al, stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	ENCE OF 1	0+= +	
n pleas n pleas burial injury,			(c)	rung m	4 as ask	<u> </u>
to by	z	PART 2 OTHER SIGNIFICANT	2 1	DEATH BUT NOT RETATED TO THE TERM	IINAL DISEASE OR CONDII	ION GIVEN IN PART 1(6)
nit. The prior to	₹	19a DATE OF OPERATION	Dowel Obs	OPERATION WAS PERFORMED	20g AUTOPSY? 2	Oh. IF YES, WERE FINDINGS USED
R: After this certificate has be as the burial-transit permit. sat the burial-transit permit. sath and Mental Hygiene prismarked or ftem 18 shows	CERTIFICATION	THE DATE OF OFERALION	THE CONDITION OF WHICH	-	1	N CERTIFYING CAUSES OF DEATH?
ygie 7	1 2	21a. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	Tale HOW IN HIRY OCCUR	YES NO	YES NO
al H tem		OR CONTRIBUTING CAUSE OF DE		AY YEAR	KED (EMIER WATORE OF HATOR) II	TIEM 10, PART FOR PART 2)
venial-	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER		19		
tter this certificate ha he burial-transit perm and Mental Hygiene arked or Item 18 sho		21d INJURY OCCURRED WHILE NOT WHILE	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ith a		AT WORK				
- T ~			ital) attended the deceased from	7/09/		
for of l		above (I) weyldid (did no	ot) view the body after death.	ond that ir (my) (our) opinion	deoth occurred on the dote	and hour and from the couses state
Shed for the formal f		22b. SIGNATURE		DEGREE		22c. DATE SIGNED
State State		Mauren L. Dul		MD ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIA	NO 17/27/80
e St TAI	1	224. PHYSICIAN'S NAME (TYPE C	OR PRINT]	220 ADDRESS		
should be detached for with the State Dept. of		MAUREEN L.	DURKIN	SBGH, Bal	temore, Mel	
sho wit	23a F	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	1234 LOCATION	
	(nemation Burnit			ren. Baltimo	re Co. Marylan
	24 FI	JNERAL DIRECTOR	July 31, 1980	ecurity Process (1		REDISTRANS SID WALKER LAND
			Home. 130 E. Fort		111 28 1980	

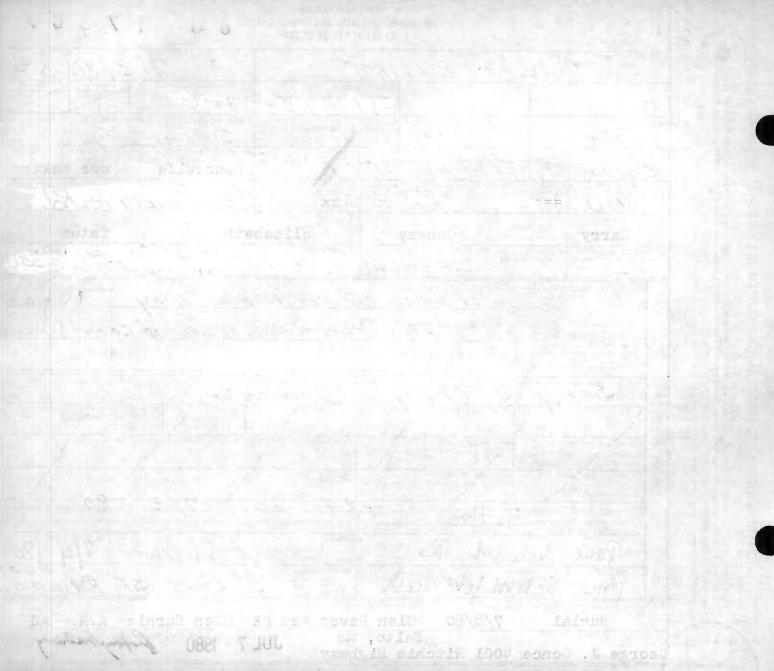
TO A LANGE THE WOLL in the second se panes in the contract of the c and the state of t BUREL . ALI BURE BURELUR, LANGE CONTRACTOR

4	1 - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	ENE 8 0	7 3 8
	DECEASED NAME CALVIN	B Edwards	20 DATE OF DEATH MONTH O	0 80 25. Hour
9	sex male Pace	S DATE OF BIRTH MONTH DAY S 33		IF UNDER 1 YEAR IF UNDER 24/4R AONTHS DAYS HOURS MIN
35	nd.8/27/33 Uh	OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED DIVORCED	BALTIMORE CITY OR COUNTY	OF DEATH
34	Battimore John	OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ASSUCH FACILITY. GIVE-STREET ADDRESS) SOT SECULTS HEADPLE	12 USUAL OCCUPATION (THE OF WORK FOR MOST OF WORKING LEFT	NOUSTRY
1933	ISUAL RESIDENCE (IF MURSING HOMEOR OTHER INSTITI 30. STATE 10. COUNTY	136 CITY OR TOWN 134 INSIDE CITY UMITS?	13. STREET ADDRESS	ne St
-	FATHER'S NAME MIDDLE	Edwards Elsel G	hoon	LAST
t, the medica	WAS DECEASED EVER IN U.S. ARMED FORCE TYPES TO THE STATE OF THE STATE		5 Phant	The Man
emoval.	18 CAUSE OF DEATH (Enter only one cous PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c	(, , , ,) / V.	LO L	BETWEEN ONSET AND DEAT
r trauma	6710	O, OR AS-A CONSEQUENCE OF		
al, cremat	gove rise to immediate	D. OR AS A CONSEQUENCE OF		
or to burial		S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CONDIVIONOWE	NINPART 1100
3 shows	190 DATE OF OPERATION 196 CO	NDITION FOR WHICH OPERATION WAS PERFORMED		WERE FINDINGS USED FING CAUSES OF DEATH?
- 6	OR CONTRIBUTION CONTRIBUTION OF THE HOU	AE OF INJURY R. A.M. MONTH DAY YEAR P.M. 19	ED (ENTER NATURE OF INJURY IN ITEM 18, PA	RT 1 OR PART 2)
is marked o	THE EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE (AT HOME) AT WORK AT WORK	ACE OF INJURY LE, STREET, FACTORY, OFFICE, FARM, ETC.) 1	CITY OR TOWN	COUNTY STATE
f He 21	220 certify that (I) (this hospital) attended sow the deceased alive an above. (I) (we) (did) (did not) view the b	7/20 19 80 and that in (my) (our) opinion d	eoth occurred on the date and hour	9, that (I) (we) lo
etached for ate Dept. of NT; If Item	27b. SIGNATURE	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	2 20 8
should be detached for with the State Dept. of IMPORTANT: If Item	222 PHYSICIAN'S NAME THE CONTROL	GM2210 120 ADDRESS SM SECO	11	+L
3 2 7	BURIAL, CREMATION, REMOVAL 236. DAT (SPECIFY) Burial 7/			COUNTY STATE
6 25M 4) 1/79	FUNERAL DIRECTOR		kl Baltimore REC'D. BY REGISTRAR 256. REC'D. BY REGISTRAR 256. REC'D. 1 2 4 1980	Maryland

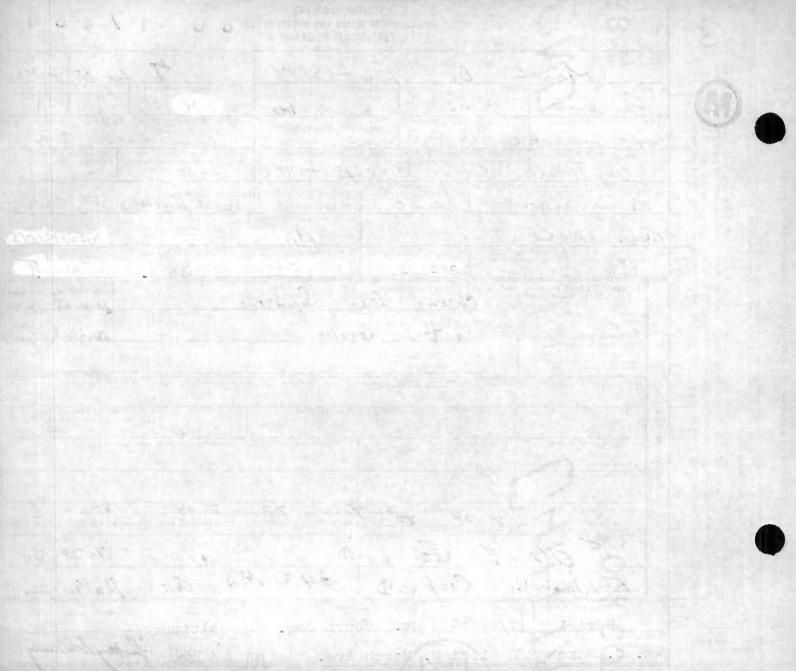
a Lueral e 11 or Enimita Ave.

	1 - 3	TATE	a-22a F	ilm G54					RYLAND IND MENTAL I RTIFICATE (REG. N	1	7	3 8	3 6
Ī		EASED NAME	FIRST		М	HDDLE		LAS	ST .		20. DATE I	KNOWN		TH DA	AY YEAR	2b. HOUR
	(IIIrk	OK PRINT)	Char	les		L.		Edv	wards			MATED [7 1	18, 80	
3	SEX		4 RACE	5 DATE OF	BIRTH	YEAR	6. AGE (IN YEAR LAST BIRTHDAY				2c. DATE	ICED.	MONTH		AY YEAR	2d. HOUR
	ma:	le	white	9	19 1	1940	3QYRS	M.O. VIII.	DAYS HOURS	MIN.	PRONOUN DE AD		7	7 1	18 19 80	1:15 M
7		THPLACE (ST.	ATE OR	76. CITIZEN	OF WHAT	COUNT	RY?		☐ NEVER MARE	RIED X	9. BALTIM	ORE CITY	OR COU	NTY O	FDEATH	
		Maryla			U.S.A			WIDOWED	DIVOR	CED 🗆	Balt	imore	e Cit	ty		MD.
1	0. CIT	Y OR TOWN	OF DE ATH	11. NAME C	OF HOSPIT	AL, NUR	SING HOME,	OR OTHER	INSTITUTION	12a. USL	JAL OCCUP	ATION ITY	PE OF WOR	K 12b.	OR INDUST	USINESS
		Baltim		900	S. 1	Broa	dway (water)		ntiqu		aler			
	JSUAI 30. ST		IF IN NURSING HOME				BEFORE ADMISSION		INSIDE CITY LIMITS?	13e. STR	EET ADDRES	SS	THE		1.0	NIT ETE
L		ld.	Bal-	timore		Bal	to. cit	~	YES 💂 NO 🗆	-	510 Ea	st Je	effer	rson	St.	F. 148
1	4. FA	THER'S NAME		MIDDLE		ι	AST	15	. MOTHER'S MAID	EN NAME	MI	IDDLE		30	LAST	
L		George		inwood			ards		Ida		Kath	erine	3	Ве	enson	
1	ou. W	AS DECEASED	EVER IN U.S. AI	RMED FORCES			36-1686		INFORMANT Sary Hele	n Tor		ADDRES:	S	0+0	n Ma	
-								1	rer.A Here	11 001.	res DO	A 2)4	Cite	, 5 UE		
		PART I DE	DEATH (Enter of	nly ane cause p ED BY:	per line far				The last					BI	APPROXIMAT SETWEEN ONSE	TE INTERVAL ET AND DE ATH
		954	IMMEDIA	ATE CAUSE (a).		_	owning									
1	2	Candition	s, if any, which		O, OR AS	A CON:	SEQUENCE OF									
ı		gave rise	ta immediat	e / (b),	0.00.46	1.0011	SEQUENCE OF							-		
L		lying caus		DOET	U, UK AS	A CON:	SEQUENCE OF									
l		PART 2 OTHER SIG	NIFICANT CONDITION	(c)	OF ATH BUT	NAT BELAT	EA TA THE TERMIN	44 0155455 00	CONDITION GIVEN IN PA	107.1						
ľ		TARE E OTHER STO	ATTICANT CONDITION	CONTRIBUTION	OLAIN RUI	HUI ALLAI	EO TO THE TERMIN	AL UISEASE UR	CONDITION GIVEN IN PA	ARI I (0).						
	AT !	19a. DATE OF	OPERATION	19b. C	ONDITION	N FOR V	VHICH OPERA	TION WAS	PERFORMED?	-		1163		120	D. AUTOPSY	2
	FF													1	YES 🔀	NO 🕢
			CAUSE WAS		ME OF IN	JURY		21c. HOW	INJURY OCCURR	ED (ENTER	NATURE OF INJU	URY IN ITEM 18	PART 1 OR	PART 2)	11.5 (2)	140 6
		UNDERLYING	☐ OR G ☐ CAUSE OF	DEATH 2	18 A.M. M 58.M.	7/18	DAY YEAR	Subje	ct jumpe	d int	o met	079				
	5 1	214 INTURY OF	CCLIPPED	21e. P	LACE OF I		(AT HOME,	21f LOCA	TION	W. All U					-1-1	
	2	WHILE AT WORK	NOT WHILE AT WORK	24	et, factory, ater	, FARM, ETC	.)	900	S. Broad	wav	Baltin			COUNTY	Md.	STATE
			that I taak char			ad abou	a hald an	Autapsy			Inquiry		nd in my			
			d fram: Nati		7	cident		ide X	Hamicide .		ermined mai	F	no in my e	apinian		
		acum resoner	# A	Jidi (doses	L a	daem	, 30lcl	de Lali,	TITLE (SPECIFY)	Under	erminea mai	mier,				
		ACTUAL SIGNATURE	luc	server.	Elon	lan	10	M D	Assistar	at MED	ICAL EVAL	INIED	DAT	E 7	7-18-8	30
			()					-MESTECHI	MED MED	CALEXAM	IIACK	SIGN	45D		
1	8	EXAMINER'S N (TYPE OR PRIN	T)	Virgin	nia L	. Do	lan, M	D. AD	DRESS 111	Penn	St.	been.				7.4
2	3a.BU	RIAL, CREMAT	ION,REMOVAL				AME OF CEME			23d. LC	CATION		CC	OUNTY	c	STATE
		Burial		7-21-8	0	St	evensyi	11e (Cemetery	Ste	evensv	ille	Quee	en A	nnes !	
2		NERAL DIRECT	OR		DDRESS F		Box 66		250. DATE	REC'D. BY	REGISTRAF	R 25b. BBG	SISTRAR'S	LOY	URE	ELATS.
	CTT	TZ	IIol for						, , , , ,	251	180	proy	may!	100	7	

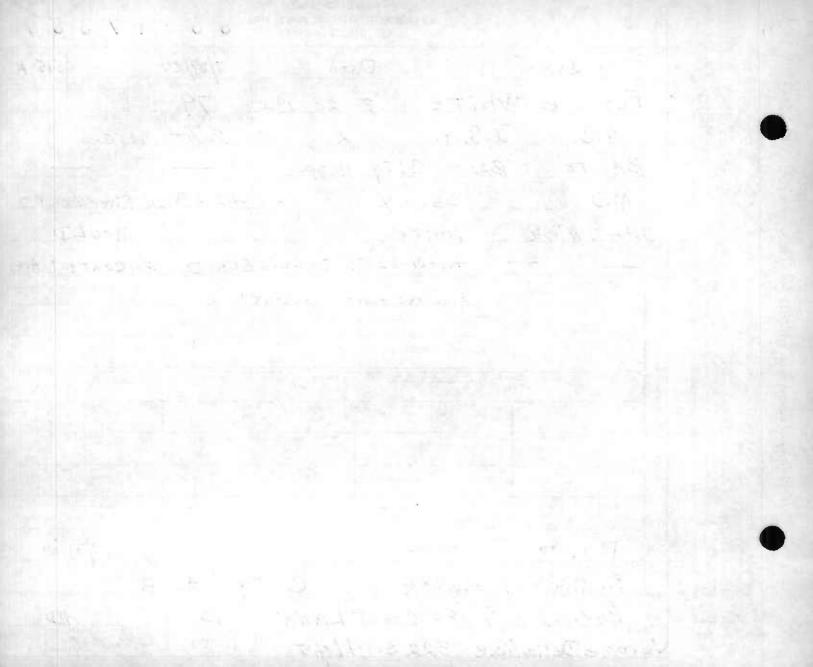
At 11 pto 40 pt	
	g zaw) ca radica 000 li camentata
	a 8 JNL



	1			STATE OF	MARYLAND		4 009	- 0	0
2	1	FOR STATE	DEPART		H AND MENTAL HYG TE OF DEATH	9	1/	0	Q
	I DE	REGISTRAR CEASED NAME FIRST	WIDDLE	LAST		REG. NO	O. MONTH DAY	YEAR 2b HC) I IP
		MARIE OR PRINT)		E16	ISON	Zu. DAIL OF DEATH	4 211	80 8	.344
	3. SE		RACE .	5. DATE OF BIR	- C - C - C	6. AGE (IN YEARS LAST BIRT	HDAY) IFUNDE		HR 24HRS
1	3. 50	ESMALE!	210-11	MONTH	DAY YEAR	70	MONTHS		
/	70. 9	IRTHPLACE ISTATE OR FOREIGN 7h	CITIZEN OF WHAT COUNTRY?	6	11.10	9 BALTIMORE CITY O	YRS.	EATH	1
Out		OUNTRY)	UNITED STATES	MARRIED	NEVER MARRIED	2000	TMORC		
De d		ITY OR TOWN OF DEATH	NAME OF HOSPITAL NURSI	WIDOWED OF OT	DIVORCED HER INSTITUTION	12a USUAL OCCUPATI		KIND OF BUSI	1110.
90		BACTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET		E HOSPICE	(TYPE OF WORK FOR MOST O		DUSTRY	1255 OK
o P	USU 13a.	AL RESIDENCE (IF NURSING HOME OR OT STATE 13b. COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFOR		INSIDE CITY LIMITS?	13e. STREET ADDRESS			
3		M.D BAL	TO BALT		NO	1214 60	IFALU S	· ()	W217
	14. F	ATHER'S NAME	DDLE LAST	15. A	OTHER'S MAIDEN NAM	ME		LAST	
axo.	5	OHN DAWKIN	45		ELLEN	Mooti	D	UCKETI	1
0 1		WAS DECEASED EVER IN U.S. ARME		URITY NO. 17 IF	NFORMANT	ADDRE	SS		-1
1		YES, NO OK UNKNOWN) (IF YES, GIVE W		-2936 T	homas Daw	kins 1616	N Dur	ham_St	
	F	18 CAUSE OF DEATH (Enter only			0 1	1110 1010	Dai	APPROXIMATE IN	TERVAL ND DEATH
		PART I. DEATH WAS CAUSED IMMEDIATE	BY.	Brain	Janara	we o		menal	in Day (
		44AG	CAUSE (U)	5.105.05	1				year
umofic	1.0	Conditions, if any, which	DUE TO, OR AS A CONSEQU	os clora	Cir			reveral	latinal
		gove rise to immediate			3/2,				great
		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU	ENCE OF					
, or om	1	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO	DEATH BUT NOT	RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART 1(p)	
, and a	NO								
5	18	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WA	SPERFORMED	200 AUTOPSY?	206. IF YES, WERE	E FINDINGS US	ED
L	CERTIFICATION				The latest	YES NO	YES 🗆	NO NO	
9	1 8	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH D	21c.	HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	Y IN ITEM 18, PART 1 OR	(PART 2)	
/	M	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19					
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		LOCATION	CITY OR FOV		UNTY	STATE
	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	SIRCEI	CITY OR TOV	VN COL	JMIT	SIAIF.
		220.1 certify that (1) (this haspital) ottended the deceased from,	2.4	, 1977	to 7. 24.	, 19 8	o , that (I'	(we) last
		sow the deceased alive on above, (I) (we) (did) (did nat)	7 2/ 198	ond the	t in (my) (aur) opinion i	death accurred an the d	ote and hour and f	from the causes	stated
		226. SIGNATURE	new the body differ death.	DEGR	EE		2	2c. DATE SIGNE	D
		2 Plls	with the	W	ATTENDING PHYSICIAN	MEDICAL STA	FF IAN [7. 24:	80
-	1	22d. PHYSICIAN'S NAME (TYPE OR PI	I(NT)	22e.	ADDRESS	11			0 0
MPOKIA 1		E. Elkwort	h Cook	D	24311	Md. al	v. B.	alto.	ns.
	23o.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMET	ERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	Y	STATE
		Burial	7/29/80 Mt	. Aubu	cn Cem.	Baltim.	ore		MD-
7		UNERAL DIRECTOR	ADDRESS				756. REGIS RAR'S	SIGNATURE	
	Mi	n. C. March F/	H 1101 E. N	North A	ve.	n 2 8 1980	Media	477.000	7_
	_								



		1			STATE OF MARYLAND			
	0	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 OREG. N	173	8 9
	* M.E.	1 DE	CEASED NAME FRST OR PRINT) Tarie	WIDDLE	LAST	7/39/8	MONTH DAY YEAR	26 HOUR 5-15 A.
	1 600	3 SE		ACE	5 DATE OF BIRTH	6 AGE (NYEARS LAST BIR		9701
	AND	3 32.	Female V	Vhite	MONTH DAY YEAR 23 1900		MONTHS DAY	
	是 相對		RTHPLACE (STATE OR FOREIGN 76 (71 S 4	8 MARRIED NEVER MARRIED	BALTIMORE CITY	COUNTY OF DEATH	
4 8	1 11 1	10. C	TY OR TOWN OF DEATH / 11.	NAME OF HOSPITAL, NURSIN	WIDOWED DIVORCED US HOME OR OTHER INSTITUTION	12a USUAL OCCUPAT		D OF BUSINESS OR
201	by the filled .		BALTON	BALTO, CI	Ty Hosp.	TYPE OF WORK FOR MOST (DF WORKING LIFE) INDUSTI	RY
BALTIMORE, MARYLAND 2120	hin 24 hour sly filled in should be f	130 5	AL RESIDENCE IF NURSING OR OTH	ER INSTITUTION, GIVE RESIDENCE BEFOR	N 136 INSIDE CITY LIMITS?	130 STREET ADDRESS	CH RIVOY	Neck RD
YLA	± 52 ±	14 FA	THER'S NAME		15 MOTHER'S MAIDEN NA	AME MIDDLE		
MAR	ed w	3	HADWICK	White	PIRST	WIDDLE	Moul	(D
ORE,	xecut nd co ges I		VAS DECEASED EVER IN U.S. ARMED			ADDR	255	
TIMO	S. Po			- 1409-01-	65130 Dennis	ELROD	211Cent	· you Are
BAL	± 5 € 5 €		18 CAUSE OF DEATH Enter only on PART I, DEATH WAS CAUSED BY	ne cause per line for (a), (b), an	d icu		BETWE	ROXIMATE INTERVAL EEN ONSET AND DEATH
- ST.,	00000		IMMEDIATE C	AUSE (a) CELY BICK	Muchany arres			
OT	e deoth ce tottending move corb notion, or r troumotic		1275	DUE TO, OR AS A CONSEQU	ENCE OF			
PRESTON ST	the deot the otten remove c emotion, er froum		Conditions, if ony, which gove rise to immediate	(b)				
201 W.	oth oth		cause to , stoting the underlying cause last	DUE TO, OR AS A CONSEQU	ENCE OF		- 200	
5, 201	ry.	z	PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART	110
DIVISION OF VITAL RECORDS,	been si	CERTIFICATION	19a DATE OF OPERATION	IRE CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN	DINGSTISED
REC	hos b perm perm sne pi	읦	THE DATE OF OTERATION	The condition to a time.	OF ENTITION WHO TENTONINED	YES NO	IN CERTIFYING CAUS	SES OF DEATH?
ITAI		- E	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCUP			
OF	HYSICIAN: TI ding physicis is certificate buriol-fronsi Mental Hygi	_	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH D	AY YEAR			
ON	HY Manual Ma Manual Manual Manual Manual Manual Ma Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Ma Manual Ma Manual Ma Ma Manual Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	21f LOCATION	CITY OR TO	WN COUNTY	STATE
IVIS	S th	2	AT WORK AT WORK	(AT NOME, STREET, FACTOR), OFFICE,	AKM, CTC.)		. 455-6016	0,141.0
۵	SR Aft Use os Health	1	22a.1 certify that (I) (this hospital)	attended the deceased from_		fo		that (!) (we) last
	printing printing of the print		sow the deceased alive on above, (1) (we) (did) (did nat) vii	ew the body after death.	, and that in (my) (aur) opinion	deoth occurred on the d		
	1 - 1 - 0		226. SIGNATURE Michael	Graham	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF / m	39/80
	- 9 W 9 W 2	1	224. PHYSICIAN'S NAME (TYPE OR PRI	NT)	22e. ADDRESS			1
	TO HOSPITAL etoined by the Should be defined by the Store with the Store		R. Michae	1 6-ya hours	Ci7	Y Ho	SP,	
111	7 5 5 7 4 3 3 T	230 E	SURIAL, CREMATION, REMOVAL 2	3b. DATE / / 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY	STATE
451	/ BP		Burial	3/1/80 6	rest LAWN	13a/T		MP
10.	DHMH - 16 60M 1/75 (VR A 15 (4))	1	JNERAL DIRECTOR	ADDRESS	2	TE REC'D. BY REGISTRAR	Zib. HESISTRAR'S SIGN	ATURE
	(*** \(\frac{1}{2}\)	Ne	rome bellu!	1000 222	S, Highst JU	- 00 130U	7,7,0	Without y

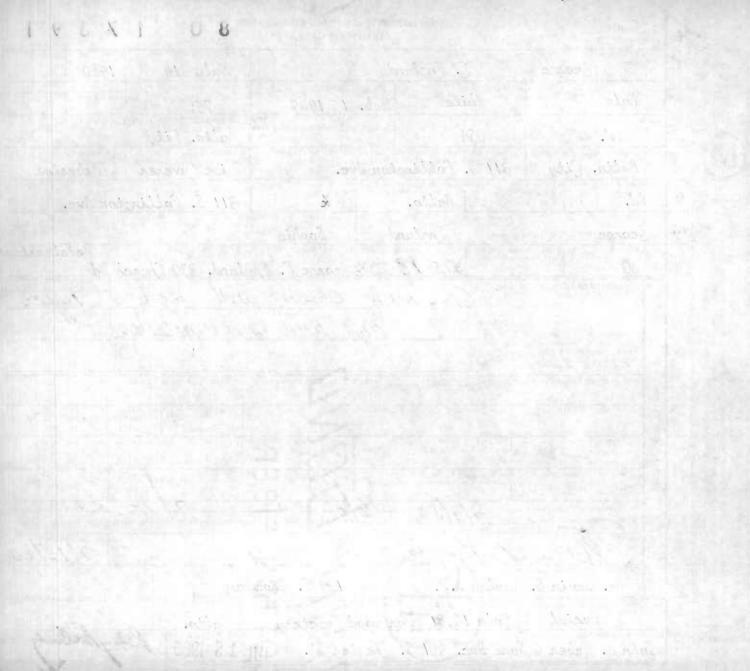


	1			STATE OF MARYLAND		
X	1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 0 REG. NO.	17390
	1. DE	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
be be			therine I.	Emich	7/	9/80 2:05/m
may b , page er deat	3 SE	×	4 RACE	S DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
age 4	1	Temale	white	9/18/1905	74 'YI	RS.
d in		IRTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALTIMORE CITY OR COU	NTY OF DEATH
dear	1	mon.	· 21. S.A.	WIDOWED DIVORCED	Baltimore	City MD.
after he fu	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	12h. KHID OF BUSINESS OR
by the ed w		Baltimore	102 d. Popp	leton St.	House Wife	e athome
a within 24 hou within 24 hou betely filled in biggs 2 should be filed examiner must	USU 130	AL RESIDENCE (IF HURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE SEFC	READMISSION) NN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	P1101 D.
AND hin 2		ma.	- Balti	more YES NO [107 8.	oppleton st.
d with d	14. F	ATHER'S NAME	MIDDLE /) A LAST	15. MOTHER'S MAIDEN NA	AME	1 ys 011
xecuted xecuted 1 and 2 medical	4	Trederick	Achmi	at Clare	2 /	Rudolphi
MORE, be executed and consider the methods.		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	101/24 4
		No -		mrs Betty	Stolden 11) In fepperon of
F., BALTII physiciar papers. P pemoval.		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly ane cause per line for (a), (b), o	nd (c'.)	11- 4	BETWEEN CHISET AND DEATH
N ST.,			ECAUSE (0) Lare	nonce right	wear	Lyean
ron death endin carbo on, or traum		1747	DUE TO, OR AS A CONSEO	1		V
REST the control over matic		Conditions, if any, which gave rise to immediate	(b) yer	ucu mucus	Cesus	
W. PRESTON ST., that the death cer by the attending pl e remove carbon p , cremation, or rer or other traumatic		couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEO	JENCE OF		
quires quires please to please burial burial nijury,	1	BART 2 OTHER SIGNIEICANIT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 1(n)
we required signatures and signature	Z	TAKE 2 OTHER SIGNIFICATOR	ONDITIONS CONTRIBUTING TO	DOTAGE RELATED TO THE TEN	The bischot on constitution	
S be els	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		F YES, WERE FINDINGS USED
VITAL RE	[] ≝				YES NO	ERTIFYING CAUSES OF DEATH? YES NO
JAN:	1 8	71a ACCIDENT WAS UNDERLYING	110	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITE	w 18, PART 1 OR PART 2)
INVISION OF VIT. DING PHYSICIAL Stephysician Stephysici	₹.	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	19		
G PHY G PHY ding ph er this of burial.	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION	CITY OF TOWN	COUNTY STATE
MISIC DING I tendin After t the bu h and marked	₹ .	AT WORK NOT WHILE	(A) NOME, SINCE I, FACTORY, OFFICE	, ranm, Lici		64
TENDI I or atte TOR: A use as t Health		22a.1 certify that (I) (this hospi	tal) attended the deceased from	2/11/68 19 61		, 19, that (I) (we) last
ATT Dital Dital For u		saw the deceosed alive on above, (I) (we) (did) (did no	t) view the body alter death.	and that in (my) (aur) opiniar	n death occurred on the date and	d haur and from the causes stated
hospita DIRECT hed for Dept. of	1	226 SIGNATURE		DEGREE	MEDICAL STAFF	22c. DATE SIGNED
by the ERAL I		Jalin V.	ulvery Je		MEDICAL STAFF DIRECTOR PHYSICIAN	1/11/10
HOSPI: ined by FUNEF FUNEF or the St	1	THE HYSICIAN'S NAME (TYPE	R PRINT)	220 ADDRESS	slungten Blo	ud 7/130
405		JOHN P. L	PRLOCK JR	MO 1227 Wa		~~~~~
sho sho	23a.	BURIAL, CREMATION, REMOVAL	236. DATE 23	NAME OF CEMETERY OR CREMATORY	234 COCATION CITY OF TOWN	COUNTY STATE
100 BP	L	Rurial)	7 14/80	Low bathedral 60	my Battimore	2 July
DHMH-16 25M	24.	UNERAL DIRECTOR	ADDRESS	90/00 · DL 250. DA	TEMPLE BY REDISTRABLE RE	GISTRAN BENGUIN PORE GRANDY
(VRA 15, 4) 1/79	1 59	oliver Cowan.	Non Suc.	Brollinson.		

#

Careere and registed breast a supplement Grand milledian 7/11/50 Elle John V hillet Jr. mot the see

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 7h HOUR (TYPE OR PRINT) (. England 1980 George 4 RACE 3 SEX S DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) Male White Feb. 15 1905 To BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Balto. WIDOWED DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION IO CITY OR TOWN OF DEATH 17h KIND OF BUSINESS OR MOST OF WORKING LIFE Balto. Asbestos ollington Ave. overer JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13d. INSIDE CITY LIMITS? Balto. STATE Collington Ave. 4 EATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Leorge roland Sophia ADDRESS 16h SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Reintenatown (YES, NO OR UNKNOWN) I (IF YES GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one couse per land for (a) b and PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE Conditions, if any, which gove rise to immediate couse (o), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [710 ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY orked or CITY DE TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (I) (this hospital) attended the eceased alive an and that in (my) (our) apinion death accurred on the date and hour and from the causes stated (did not) view the body after death DEGREE ATTENDING MEDICAL FUNERAL DIRECTOR PHYSICIAN PHYSICIAN 7 MPORTANT 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS ld b Dr. Irvin B. Kaplan M.D. Broadway 1980 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY STATE COUNTY Burial Parkwood 250. DATE REC'D. BY REGISTRAR 256, REA DHMH - 16 60M 1/75 John M. Weber & Sons Inc. 400 55. Chester St. (VR A 15 (4))



	FOR .			SED A DTAMENI		MARYLAND H AND MENTA	LUVCIENE				
8	1 - STATE REGISTRA	0				CERTIFICATE		H 0	17	3	9 2
26	I. DECEASED N		,,,,,	MIDDLE	WINTER 3	LAST		. DATE KNOWN	O. MONTH	DAY YEA	AR IZb. HOUR
W WAR HIE	(TYPE OR PRINT)		Stella M	lae	Engl	and		OF ESTI-	× 7		30
PLEASE	3. SEX	4. RACE	S. DATE OF BIRTH	lé AG	(IN YEARS IF U		DER 24 HRS. 20		HTMOM		AR 2d. HOUR
à Barz	female	black	9 2	29 LAST	O YRS.	THS DAYS HOURS	MIN. PF	RONOUNCED DEAD	7	20, 8	30 7:40F
JECESSARY, UNERAL DIE FOR YOUNERAL PRESTON	7a. BIRTHPLACE	(STATE OR	76. CITIZEN OF WH	AT COUNTRY?	12	RIED NEVER MA	PRIED X 9.	BALTIMORE CITY	OR COUNT		1
S FOR WITH	411.00	Md.	USA		WIDO		RCED 1	Baltimore	City		MD.
~ 프 프 뮤 _	10. CITY OR TO		11. NAME OF HOSE	PITAL, NURSING	HOME, OR OT	HER INSTITUTION	12a. USUA FOR MO	L OCCUPATION (TYP ST OF WORKING LIFE)	PE OF WORK	12b. KIND OF OR INDU	BUSINESS
DELAY TO TH PAG S 300	Baltimo			decke A			5 6 6				
MD. 21201 ATH. IF ANY DELV S 1, 2, AND 3 TO PM 3. RETAIN P UD 2 SHOULD BE VITAL RECORDS	130. STATE	ICE (IF IN NURSING HOME	OR OTHER INSTITUTION, GIV	13c. CITY OR TO	WN	13d. INSIDE CITY LIMITS	? 13e. STREE	T ADDRESS			
F AND SHOUL		/d.		Balto.		YES NO		35 Radecke	Ave.		
MD. ATH.	14 FATHER'S N		MIDDLE	LAST		15 MOTHER'S MA		MIDOLE	77	LAST	
RE, MI	Moses	ASED EVER IN U.S. A		land	CURITY NO	Lillia 17. INFORMANT	an	ADDRESS	Jo	nes	
BALTIMORE, IRS AFTER DE. GIVE PAGES WITH FORM I PAGES 1 AN	(YES, NO, OR UI	KNOWN) (IF YES, GIV	E WAR OR DATES)				_				
URS A WITH WITH WITH DIVISION DIVISION	No	TO CONTRACTOR OF		217-24-		Gwendoly	n Thoma	as 1902	E. Be		re Ave.
: 108	PART	DEATH WAS CAUS	inly one cause per line ED BY:	for (a), (b), and ([ultiple	-	nunds					MATE INTERVAL
TON ST V 24 HC ITEM 1 ITEM 1 PERMI 'CEENE,	91	IMMEDIA	ATE CAUSE (0)	AS A CONSEQUE		Jurus					
PREST WITHIN ICIL IN INER A SANSIT TAL HY MOVAL		litians, if any, which	h		INCE OF					3-88	
W. PRESI D WITHIN FENCIL IN AMINER TRANSII ENTAL HY REMOVA	cous	rise to immediate (a) stating the <u>under</u>		AS A CONSEQUE	NCE OF					+	
- Fexter	lying	cause last.	(c)								
TAL RECORDS, 30 HOULD BE EXECUT RD "PENDING" IN CHIEF MEDICAL E. USED AS A BURIL OF HERMAND, OF ALL, CREMATION, O	PART 2 DTH	ER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH B	OUT NOT RELATED TO T	HE TERMINAL DISEA	SE DR CONDITION GIVEN IN	PART 1 (a).				
CORD BE EX NDINC MEDIC AS A ALTH A MATIC	ON L										
ITAL RESHOULD SHOULD SRD "PE CHIEF OF HE AL, CRE	3 190. DATE	OF OPERATION	19b. CONDIT	ION FOR WHICH	OPERATION V	VAS PERFORMED?				20 AUTOP	SY?
SHOUND CORD CORD CORD CORD CORD CORD CORD COR	E		REAL TOTAL								XX NO [
OF VATE WENTER WENTER BURNER B	1 13	ING OR	21b. TIME OF HOUR A.M.		VEAD		RRED LENTER NAT	URE OF INJURY IN ITEM 18	PART 1 OR PAR	Т 2]	
SHOULD ARE	CONTRIB	UTING CAUSE OF			9		stabbed			25	
DIVISION OF VITAL RECORDS, THIS CERTIFICATE SHOULD BE EXE. WARTING THE WORD "PENDING" WARDED TO THE CHIEF MEDICAL AAGE 3 SHOULD BE USED AS A 81 TATE DEPARTMENT OF HEATTH AN 1201 PRIOR TO BURIAL, CREMATION	WHILE	NOT WITE	STREET, FACTO	OF INJURY (AT HO		OCATION STREET Padagl	- A	ue, Balto	C1 COU	NTY	MDSTATE
THIS WAR	¥ WHILE AT WOR	AT YORK X	at	home	3,	Lageci	ke Aven	ue, barto	OT LY)	LID
	27a. 17	entity that I look child	ge of the remains desc	Attres who we, held	Auto:	osy XX Inspec	tion .	Inquiry , an	nd in my api	inian	
49.2H7	death re	sulted from fat	nul contex [Accident .	\\\\\uicide _	, Hamicide	XX Undetern	nined manner,			
EXAMI CERTIFICOLD BE DIRECT WITH	ACTUAL	(N)	mark	Mrs	X	TITLE (SPECIFY)	Ohd - E		DATE	7/	21/80
EDICAL JTE THE A SHOU DEATH, AORE, M	SIGNATU	RE A	21/100	1 Pun	7	Deputy (TITEL	AL EXAMINER	SIGNED	111	21/00
WOR WED	EXAMINE	R'S NAM THOMS	o D Gud	el w n		111	Dann C	4 Doltsima	- N	m.	
TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERA BALTIMORE, I	(TYPE OR	MATION, REMOVAL		th, M.D		OR CREMATORY	23d, LOC	t. Baltimo	re, r	ш	
BP	(SPECIFY) Buria		7/26/80				CITY OR	Ltimore Co	MO	TY	STATE
D/ CV DHMH-17	24. FUNERAL D				Mem. I	25a. DA		EGISTRAR 25b. RE	STRAR'S SH	CNATURE	
(VR A15 ME (5)) 15M 7/77	Wm C	March F/H	1101°E.	North A	we.	- 11	11 22	1980 1	ifay/	xelve	dy
										_	_

		had at a part of the	n#8
	escenzate d		
		at more reported at	exemists.
		a benny usta el altima.	
		10/100 00 4217	
e = 20	· · · · · · · · · · · · · · · · · · ·	and the same of th	

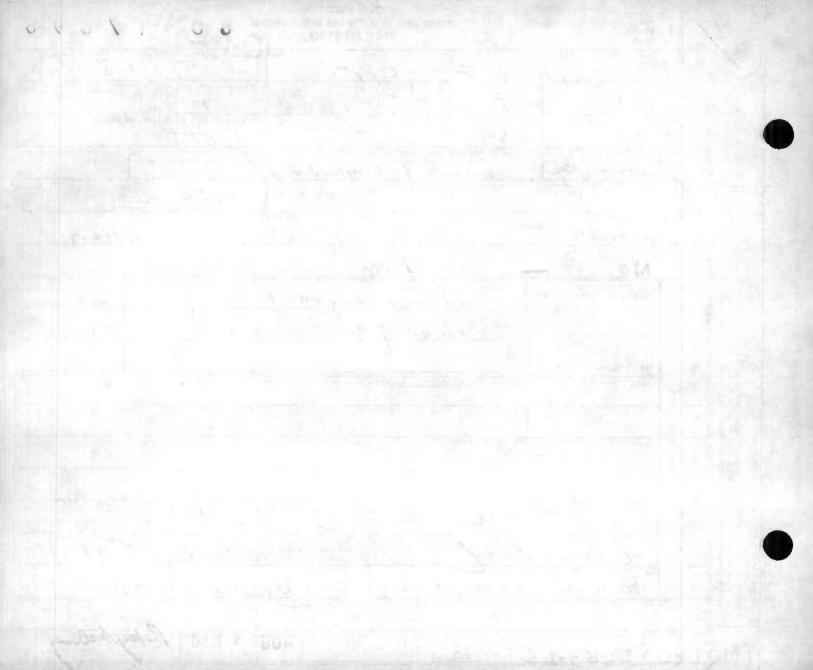
18 BIRTHPLACE (STATE OR FORLY) 12 CHIZEN OF WHAT COUNTRY? 18 BIRTHPLACE (STATE OR FORLY) 18 CHIZEN OF WHAT COUNTRY? 18 BIRTHPLACE (STATE OR FORLY) 18 CHIZEN OF WHAT COUNTRY? 18 BIRTHPLACE (STATE OR FORLY) 18 CHIZEN OF WHAT COUNTRY? 18 BIRTHPLACE (STATE OR FORLY) 18 BIRTHPLACE (STATE OR FORLY) 18 CHIZEN OF WHAT COUNTRY? 18 BIRTHPLACE (STATE OR FORLY) 18 CHIZEN OF WHAT COUNTRY? 18 BIRTHPLACE (STATE OR FORLY) 18 CHIZEN OF WHAT COUNTRY? 18 BIRTHPLACE (STATE OR FORLY) 18 CHIZEN OR WHAT COUNTRY? 18 BIRTHPLACE (STATE OR FORLY) 18 CHIZEN OR WHAT COUNTRY? 18 CHIZEN OR WHAT COUNTRY 18 CHIZ					STATE (F MARYLAND			
DECEASED NAME THE CHAPTER) THE CHAPTER	1.	- STATE	DEPART			0 0	17	3 9 3	
SATE OF BIRTH SATE SATE OF BIRTH SATE SATE OF BIRTH SATE SATE OF BIRTH SATE SATE OF BIRTH SATE SATE OF BIRTH SATE SATE OF BIRTH SATE SATE OF BIRTH SATE SATE OF BIRTH SATE SATE OF BIRTH SATE SATE OF BIRTH SATE SATE OF BIRTH SATE SATE OF BIRTH SATE OF	2.5	1 DE	CEASED NAME FIRST		A 1			MONTH DAY	1 - 11-
12 BRITHPLACE STATE OF LOWER 12 CITIZEN OF WHAT COUNTRY 12 MARRED 13 NOTES 13	urs after death urs after death t once.	3 SE	× E	RACE R	5 DATE OF	BIRTH	6 AGE (IN YEARS LAST BE	THDAY) IF UNDER	TYEAR IF UNDER TA HRS
DOUBLE D				CITIZEN OF WHAT COUNTRY	? 1 500		9 BALTIMORE CITY		ATH
USUAL RESIDENCE (PENDESSON OWN OR OTHER RESTRUCTION, OWN STREET ADDRESS) 128 STATE 129 STATE 129 STATE 120 COUNTY 120 STATE 1	P 7	C	olumbin S.C.		WIDOWED	DIVORCED [CIT	1	M
136 STATE 136 COUNTY 137 CITY OR TOWN 134 INSIDE CITY (IMITS) 136 STREET ADDRESS 145 COUNTY 155 CITY (IMITS) 137 STREET ADDRESS 145 COUNTY 157 STATE 158 OFFICE OFFICE 158 OFFICE OFFICE OFFICE 158 OFFICE OFFI	97		Balto	SINA!	ET ADDRESS)	OTHER INSTITUTION	ITYPE OF WORK FOR MOST	OF WORKING LIFE! INDI	
The major is a proper of the control	miner m	USU 13 _R	STATE 1136 COUNTY	13c. CITY OR TO	WN III			s LANS	2.
THE CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 19 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 19 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 19 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 10 DUE TO, OR AS A CONSEQUENCE OF 10 DUE TO, OR AS	ical	14 F.		Ewolish	1	FIRST 4 a		Anderso	√IAST
The Cause of Death (Enter only one couse per line for (a), (b), and (c). Conditions, if any, which gave rise to immediate cause (a). stating the underlying couse last. Part 1 Death WAS CAUSED BY	the	16a \	YES, NO OR UNKNOWN) (IF YES, GIVE W		1.0	/		MADISON	. Ave.
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION STREET CITY OR TOWN COUNTY STATE 272.1 certify that (I) (thus hospital) estended the deceased fram saw the deceased alive an abave, (I) (medical did) (did not) view the bady after death. 276. SIGNATURE DEGREE 276. DATE SIGNED 276. DATE SIGNED		NOI	gave rise to immediate cause (a), stating the underlying cause last	(Ic)		DT RELATED TO THE TERA			
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 218 PLACE OF INJURY (AI HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 220.1 certify that (I) (thus hospital) attended the deceased from 19 saw the deceased alive an abave, (I) (web) (did (did not)) view the bady after death, 276. SIGNATURE DEGREE 276. DATE SIGNED 277. DATE SIGNED 277. DATE SIGNED 277. DATE SIGNED 278. STAFF 279. STAFF 271. DATE SIGNED		TIFICAL	190 DATE OF OPERATION	19% CONDITION FOR WHIC	H OPERATION	WAS PERFORMED		IN CERTIFYING C	AUSES OF DEATH?
270.1 certify that (I) (thus hospital) attended the deceased from MUCO, 19 50, to July 19 50, that (I) (we) la saw the deceased alive an abave, (I) (we) Idid (did not) view the bady after death. 276. DATE SIGNED ATTENDING C MEDICAL STAFF	1		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH	DAY YEAR	TE HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18, PART 1 OR P	ART 2)
270.1 certify that (1) (thus hospital) attended the deceased fram MUSCL 19 to to TY 19 W, that (1) (we) lo saw the deceased alive an abave. (1) (we) lo abave. (1) (we) lo down) view the bady after death. 276. SIGNATURE DEGREE 276. DATE SIGNED		MEDI		21R PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	. FARM, ETC)	II LOCATION STREET	CITY OR TO	WN COUN	NTY STATE
MALA ATTENDING C MEDICAL STAFF 7.245.CO			saw the deceased alive anabave, (1) (we) (did) (did not) v	duly 24 19		, 17	, 10	19	, (1) ()
			Warrel !	Salal	W	ATTENDING PHYSICIAN ?	MEDICAL STA		7:24:80
			SPECIFY) BUTIAL	- 0 - (1 -		PARIC			MD.
236 BURIAL CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY POST TOWN STATE STATE PARIS OF COUNTY STATE	5 25M 4) 1/79	24 F	UNERAL DIRECTOR JAS. A. MORTON	SONS 1701	hour	111	L 25 1980	75 BGISTRAR'S S	GNATURE

V . The U S The Control of the Contr

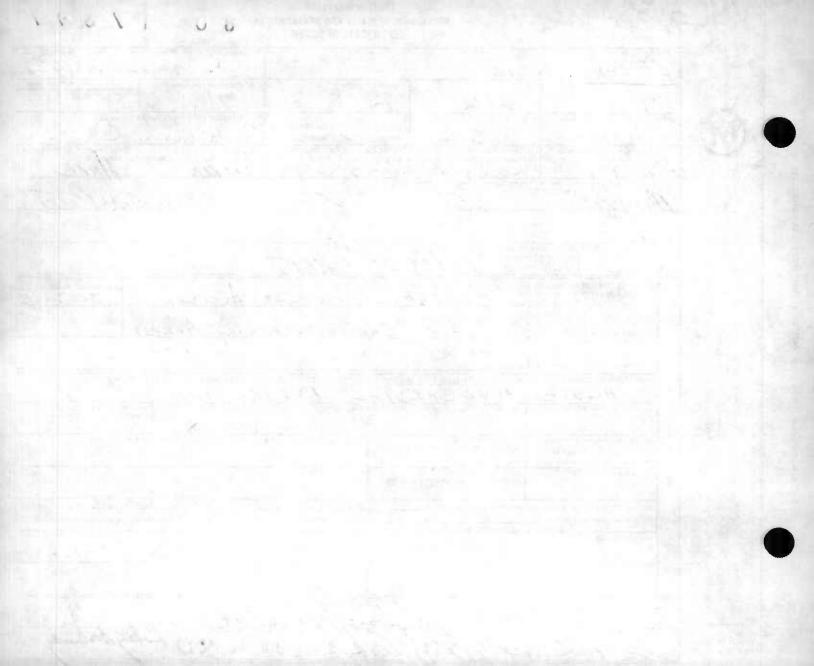
1 . 1 .	0 0				
	, v				
		TOTAL TAX SHE			
			25	- II a	
in have		recent sees			
					- And Inc.
				WITT	
A Company				ing rate 2 to	
Talkers.	July 2 July				and the same

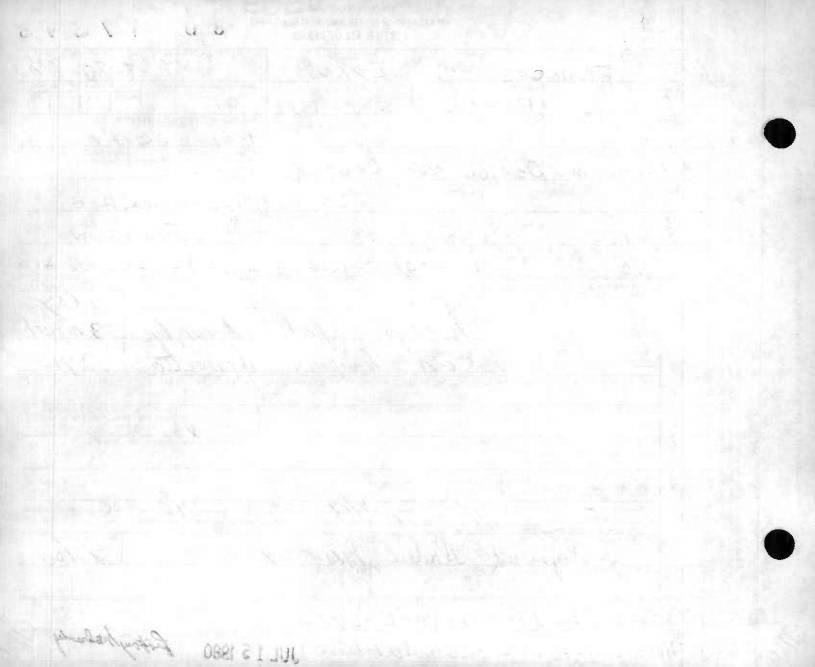
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME DATE KNOWN 2b. HOUR LTYPE OR PRINTS ESTI-DEATH MATED XX 10 80 James Epps 3. SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 20. DATE 2d HOUR LAST BIRTHDAY MONTHS PRONOUNCED Male Black DEAD 1980 7a. BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED Baltimore City ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS. (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY Baltimore 2416 Bridgehampton Rd USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 136. COUNTY 137. 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? angler Du YES 7 NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME PIRST MIDDLE MIDDLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only ane couse per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Hypertensive Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION Cirrhosis of Liver 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF YES XX NO T 3 SHOULD BE DEPARTMENT 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING U OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY STATE 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Hamicide DIRECT Undetermined monner TITLE (SPECIFY) ACTUAL PAGE 4 SHOU TO FUNERAL D AFTER DEATH, V DATE M.D. Assistant MEDICAL EXAMINER 7-24-80 SIGNATURE FIMORE EXAMINER'S NAME Hormez R. Guard, M.D. 111 Penn Street TYPE OR PRINT) ADDRESS CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATOR 23d. LOCATION COUNTY BP. 25h. DOGISTRAR'S JUNE 1 URE 250. DATE REC'D. BY REGISTRAR **DHMH-17** VR A15 ME (5) 15M 7/77

Using the street of the street for my more total a second



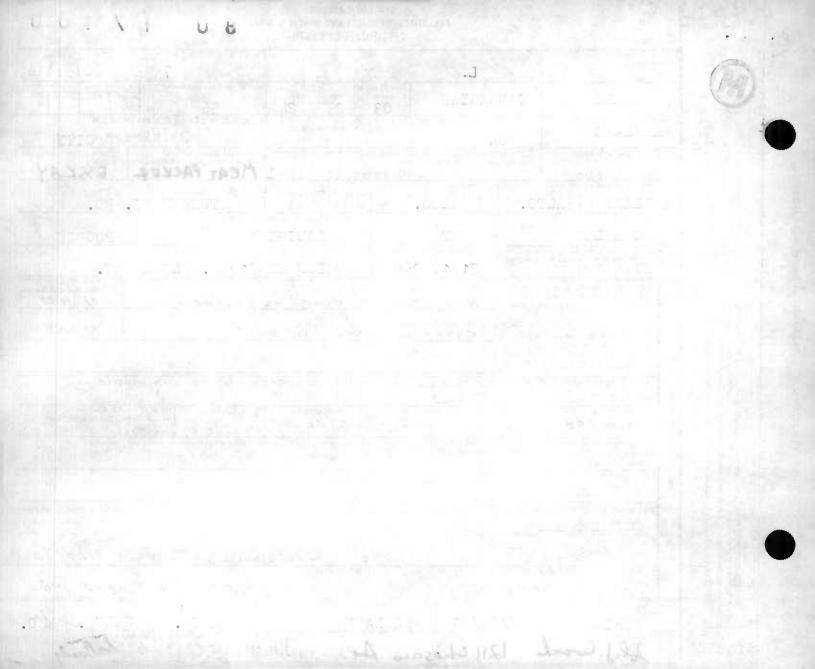
	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 Q	1/39/
y be		CEASED NAME FIRST	PENE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOURS
age 4 may b Hiir, page	3 38	m)	BLK BLK	S DATE OF BIRTH MONTH DAY YEAR 10 08	6. AGE (IN YEARS LAST BIR	THDAY) # UNDER 1 YEAR # UNDER 24 HRS MONTHS DAYS HOURS MIN YRS.
death.	C	RTHPLACE (STATE OR FOREIGN OUNTRY)	16 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	10 11.	OR COUNTY OF DEATH
ours after	10	PA / 40,	I IF NOT IN SUCH FACILITY, GIVE STREET	10805ml	13th USUAL OCCUPAT	ION DE WORKING LEE) 126 KIND OF BUSINESS OR INDUSTRY
hin 24 ho	130	Pary and 136 cou	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY	YES NO [130. STREET ADDRESS	mminas Court
cuted with	w	E.K.	MIDDLE LAST	15. MOTHER'S MAIDEN NA	WIDDIE	LAST
ie be exe	1	VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (# YES, GIV	RMED FORCES? 166 SOCIAL SECU (E WAR OR DATES)	129 MART	ADDR	
certifica g physic on papers removal		DADTI DEATH WAS CALLED	TE CAUSE (a) CZKDB	RAL VASCULA	x Accide	APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH 30 DAYS
DING PHYSICIAN: The law requires that the death certificate be executed within 24 hountending physician. After this certificate has been signed by the attending physician and completely filled in this she burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled than and Mental Hygiene prior to burial, cremation, or removal. marked or Item 18 shows any injury, or other traumatic event, the medical examine must		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU	ENCE OF	IONARY AI	REST
aw require een signed Then plea or to buria any injury	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART TO:
JIAN: The la cian. Cian. The la fricate has be rasit permit. Hygiene prié ha 18 shows s	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
S PHYSICIAN fing physician. rr this certificat burial-transit pd Mental Hygisted or Item 18		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M MONTH D	19	RRED JENTER NATURE OF INJU	RY IN ITEM 18, PART I OR PART 2)
ENDING PI or attending DR: After the east the bur tealth and M	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21R PLACE OF INJURY LATHOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 21f LOCATION STREET	CITY OR TO	WN COUNTY STATE
ATTEN Fital or a ECTOR for use a t. of Heal		saw the deceased alive ar abave, (1) (we) (did) (did no	ital) attended the deceased fram_ n	/	death occurred on the d	19 , that U (we) last late and haur and fram the causes stated
PITAL OF by the hos ERAL DIF detached State Dept		22b. SIGNATURE	5 Andre		MEDICAL STA	
TO HOSPIT etained by TO FUNERI hould be die with the Size		220 PHYSICIAN'S NAME ITYPE OF	MY AWOKE	22R ADDRESS LuThu	ca 1705	vil
10 JBP	4	SURIAL CREMATION REMOVAL	7/15/80 P	NAME OF CEMETERY OF CREMATORY	23d LOCATION	Lean COUNTY - Wistare
DHMH-16 25M (VRA 15, 4) 1/79	74. F	SNERAL DIRECTOR	w/17/200 SV	Work A JI	UL 15 1980	25h JESS SAR'S SANAPRE





DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME DATE KNOWN (TYPE OR PRINT) Marvin J. Everett 7/21 19 80 DEATH MATED 3. SEX 4. RACE DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE PRONOUNCED 2d. HOUR YEAR male 30 black 6 80 1080 DEAD 9:444 Th. CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MD USA Baltimore City WIDOWED . DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! Hospital Baltimore Union Memorial USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore MD 4528 St. Georges Ave. YES BY NO [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Azellette Michael Lee Everett Monk 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) No Azellette Monk 4528 St. Georges CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Sudden Infant Death Syndrome IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 | 0 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES XX NOT 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION STREET, FACTORY, FARM, ETC. CITY OR TOWN COUNTY STATE WHILE AT WORK 124 Learning that I took charge I the remains described above, held as Autopsy Inspection death resulted frag causes. Hamicide Undetermined manner TITLE (SPECIFY) Deputy Chief 7/21/80 GE 4 SHOU FUNERAL I TER DEATH, LTIMORE, MV Thomas D. Smith, M.D. 111 Penn St. Balto., MD 21201 EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Buria] 7/24/80 Cedar Hill Cem Baltimore CO. MD 24. FUNERAL DIRECTOR 250, DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE **DHMH-17** VR A15 ME (5)) 1101 E. North Ave. C. March F/H

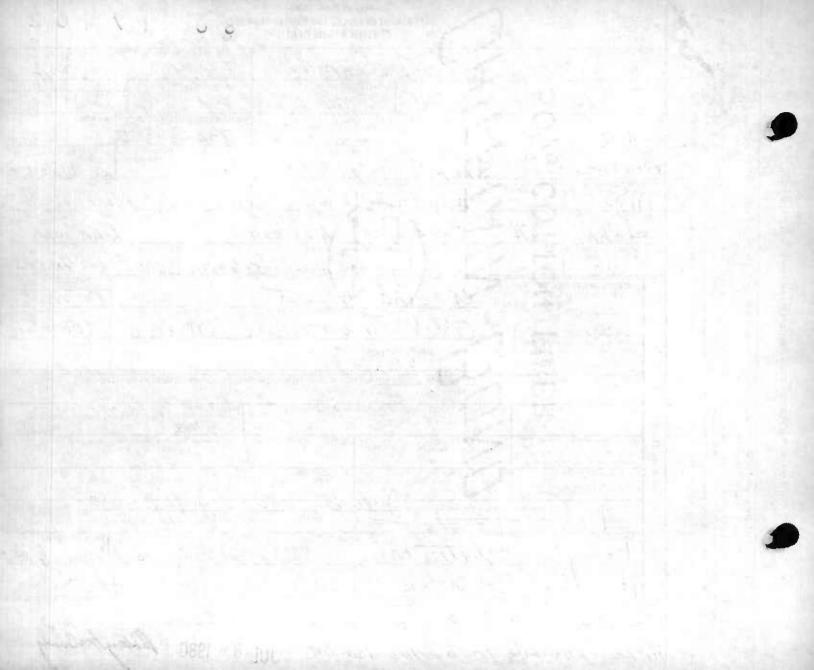
7	sterevi		dance	
7				
valo escibi				
	Paragraph	introcurrent		
	i zenite en			



REG. NO. TE OF DEATH MONTH 7/02/80 (IN YEARS LAST BRITHDAY) 74 YRS. TIMORE CITY OR COUNT ALTIMORE CITY BUAL OCCUPATION HOUSEWIFE REET ADDRESS O Carvel Bea Unknown ADDRESS 787 Woods Rd	W UNDER I YEAR MONTH'S DAYS TY OF DEATH Y ITAL KIND OF INDUSTRY Ch Rd LAST	2b HOUR 10:00 at UNDER 24 HES HOURS MIN MIN BUSINESS OR
TIMORE CITY OR COUNT ALTIMORE CITY OR COUNT ALTIMORE CITY BUAL OCCUPATION WOOMER ON MOST OF WORKING I HOUSEWIFE REET ADDRESS O Carvel Bea Unknown ADDRESS	TY OF DEATH Y IT DEATH Y IT DEATH Ch Rd LAST Pasaden	# UNDER 24 HIS HOURS AIN AIN AIN BUSINESS OR
TIMORE CITY OR COUNT ALTIMORE CITY OR COUNT ALTIMORE CITY BUAL OCCUPATION WOOMER ON MOST OF WORKING I HOUSEWIFE REET ADDRESS O Carvel Bea Unknown ADDRESS	TY OF DEATH Y IT DEATH Y IT DEATH Ch Rd LAST Pasaden	# UNDER 24 HRS HOURS AIN M BUSINESS OF
TIMORE CITY OR COUNT ALTIMORE CIT SUAL OCCUPATION WOOMER ON MOST OF WORKING I HOUSEWIFE REET ADDRESS O Carvel Bea Unknown ADDRESS	Y Pasaden	M BUSINESS OF
ALTIMORE CITY OR COUNT ALTIMORE CIT ALTIMORE CIT SULL OCCUPATION OF WOOR FOR MOST OF WORKING I HOUSEWIFE REET ADDRESS O Carvel Bea Unknown ADDRESS	the like kind of industry ch Rd LAST	BUSINESS OR
ALTIMORE CIT SUAL OCCUPATION W WORK FOR MOST OF WORKING I HOUSEWIFE REET ADDRESS O Carvel Bea Unknown ADDRESS	the like kind of industry ch Rd LAST	BUSINESS OF
SUAL OCCUPATION IF WORK FOR MOST OF WORK FOR IN HOUSEWIFE REET ADDRESS O Carvel Bea Unknown ADDRESS	ch Rd LAST Pasaden	BUSINESS OR
Unknown ADDRESS	Pasaden	W. I
ADDRESS	Pasaden	
787 Woods Rd		
	1 APPROVIS	a, Md
	BETWEENON	NATE INTERVAL
	3	6 hrs.
ISEASE OR CONDITION G	IVEN IN PART 1101	
IN CERT	ES, WERE FINDING IFYING CAUSES O	
ITER NATURE OF INJURY IN ITEM 18.	PART I OR PART 2)	
CITY OR FOWN	COUNTY	STATE
ccurred on the date and ha		hot (I) (we) las ouses stoted
ICAL STAFF	224. DATE S	2/80
TOR U PHYSICIAN		
		STATE
LOCATION CITY OR TOWN	COUNTY	
LOCATION	Townshin	Ponn
0	O 7/2 OCCUFFED ON THE DOTE ON THE DICAL STAFF ECTOR PHYSICIAN	o 7/2 19 80, the occurred on the date and hour and from the co

07/02/20 - Lessell a sale Le TID TO THE Ju. 11 Con Chi Lon Chilot N

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 2a. DATE OF DEATH 'MONTH DAY YEAR LIVE OF HEALT 16 AGE (IN YEARS LAST BIRTHDAY) DATE OF BIRTH IF UNDER I YEAR UNDER 24 HRS 76 CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVERMARRIED WIDO WED IV DIVORCED [10. CHY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 176 KIND OF BUSINESS OR WITE OF WORK FOR MOST OF WORKING LIFE HLT/more & BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13d INSIDE CITY LIMITS? 13g. STREET ADDRESS mok 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDOLE ReeN 155A 17 INFORMANT ADDRESS 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., IMMEDIATE CAUSE (a) VASCULAR DISEASE after Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF otho underlying couse lost. 0 0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19s. DATE OF OPERATION 286. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 78e AUTOPSY IN CERTIFYING CAUSES OF DEATH? VES [NO F sho ronsit ental Hygi 2th ACCIDENT WAS UNDERLYING 71k TIME OF INJURY THE HOW INJURY OCCURRED (EMILE NATURE OF BUJURY BY ITEM 18, PART 2 OR PART 2). Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL OF EITHER, NOTIFY MEDICAL EXAMINERS P.M. 19 **211. LOCATION** 214 INJURY OCCURRED 71s. PLACE OF INJURY 0 CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE nicht week? AT WORK AT WOR 22s.1 certify that (If (this hospital) attended the deceased from he deceased above on (I) (we) (did) (did not) view the body after death and that in (my) tour! opinion death occupyed on the date and hour and from the causes stated 27h SIGN ATURE DEGREE 27h DATE SIGNED * ATTENDING MEDICAL STAFF should be deto with the State IMPORTANT: II PHYSICIAN [] DIRECTOR PHYSICIAN FUNERAL PHYSICIAN'S NAME (TYPE OR PRINT) 72e ADDRESS 0 % 23g. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE COUNTY 25a DATE REC'D. BY REGISTRAR 25h IV DHMH-16 60M 1/73 (VR A 15 (4))



1I	FOR	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL H	YGIENE	
4	STATE REGISTRAR		IER'S CERTIFICATE O		740.
	ECEASED NAME FIRST	WIDDLE	LAST	20. DATE KNOWNXX	MONTH DAY YEAR 76.
(1	PE OR PRINT)	ONS V ELA - FER	NANDEZ	OF ESTI-	7 16 ,9 80
3 SI	X 4 RACE	5. DATE OF BIRTH 6. AGE (IN YE	ARS IF UNDER 1 YR. IF UNDER		MONTH DAY YEAR 2
1	emale white	11100	RS. HOURS	MIN. PRONOUNCED DEAD	7 16 1980
7a.	SIRTHPLACE (STATE OR OREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRI	9 BALTIMORE CITY OF	
1	MARYLAND	UNITED States	WIDOWED DIVORCE		City
10.	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME	E, OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE	OF WORK 126. KIND OF BUSIN
	Baltimore	208 S. Washington	Street	TAILORING LIFE)	OR INDUSTRY
	AL RESIDENCE (IF IN NURSING HOME STATE 135, COU	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSI		13e STREET ADDRESS	1777000
1	MARYLAND "	10-11:	RE YES NO [208 8. 11/05	changen Si
14.1	ATHER'S NAME		15. MOTHER'S MAIDE	N NAME	VIII VIII VIII
	ANTANIA.	- FERNANDE	Z CONSUE	LIA -	BATEN
16a.	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SECURIT		ADDRESS	1311 4 470
	YES, NO, OR UNKNOWN) (IF YES, GIV	218-111-76	96 MANEDIA	SchNEIDER 1	908F. LAMBAG
		anly ane cause per line for (a), (b), and (c).)	I IIIICA VII	- CHYLING A	APPROXIMATE INTE
	PARTIDEATH WAS CAUS	ED BY: ATE CAUSE (0) Undetermined			BETWEEN ONSET AND
	7999 IMMEDIA	DUE TO, OR AS A CONSEQUENCE			
	Conditions if any, which				
	gave rise to immediat cause (a) stating the unde		OF [¢]		
	lying cause last.				
	PART 2 OTHER SIGNIFICANT CONDITION	(C)	LINAL DISEASE OF CONDITION GIVEN IN PAR	11(0)	
Z		The second secon	THE COLUMN OF CONDITION OF CHILD IN THE	a 1 (W).	
Ť	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPER	RATION WAS PERFORMED?		20 AUTOPSY?
FF					YESXXX N
CERTIFICATION	21a. EXTERNAL CAUSE WAS	21b. TIME OF INJURY		D LENTER NATURE OF INJURY IN ITEM 18 P	
	UNDERLYING OR CONTRIBUTING CAUSE OF	F DEATH P.M. 19	R		A TOTAL STREET
MEDICAL	214 INTERVOCCUPPED	P.M. 19 21e PLACE OF INJURY (ATHOME,	21f. LOCATION		
ME	WHILE NOT WHILE	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY
	AT WORK - AT WORK		1/TV		
18	22a. I certify that I toak char	rge of the remains described above, held an	Autopsy XX, Inspection	l, Inquiry L, and	d in my apinian
	death resulted from: Nat	ural causes Accident L., Su	icide . Hamicide .	Undetermined manner,	
	ACTUAL VOIS	De Hell Da	TITLE (SPECIFY)		DATE
-	SIGNATURE	and my	M.D. Assistan	MEDICAL EXAMINER	SIGNED 7-16-80
	EXAMINER'S NAME				
	(TYPE OR PRINT) Marg	arita A. Korell, M.D.		Penn Street	
230.	SPECIFY)	236. DATE 23c. NAME OF CEA	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
C	REMATION	7-17-80 BREEN	MOUNT	BALTIMORE	- MARYLA
24	UNERAL DIRECTOR	ADDRESS	25a. DATE R	ec'd. By registrar 1 8 1980	my me way
/	://44761/61	2 Tor 1001 FASTER	2. AIE	1 0 1300	1

A Land No Bridge O Ho Malosmass respectively as worlden as to the clare. THE WAY SHOW THE SHIP SEED OF January Town of the non-constraint of the constraint of the constr LATERAL TO STANDED SECTIONS OF THE STANDED The second of th Control of the second s

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20. DATE KNOWN YEAR OF ESTI-(TYPE OR PRINT) William. Fertig 19 80 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 5. DATE OF BIRTH 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED male white 17 19 80 4:30A Oct 23, 1956 23 DEAD 76. CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City U.S.A. W. Va. WIDOWED DIVORCED II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS IN SUCH FACILITY, GIVE STREET ADDRESS)
University Hospital Baltimore aurel Run Coal CoCoal Mining USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 30 STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Hampshire Springfield Box 572 NO E W. Va. OF VUAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Fertig William Patricia M. Greco B. 6a. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b. SOCIAL SECURITY NO. 17. INFORMANT 214 62 4125 Wm. B. Fertig Box 572 Springfield, Wva No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple injuries with complications IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF REMOVAL Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO E DEPARTMENT (PRIOR TO BURIA 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) object HOUR A.M. MONTH DAY UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH : 100 PXX 7/13 108 01 driver of automobile in collision with fixed 21e. PLACE OF INJURY (ATHOME 21f. LOCATION WHILE AT WORK Secondary Rt#3, Springfield Hampshire roadway W. VA 22a I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my opinion death resulted from: Accident LXX Suicide Undetermined manner TITLE (SPECIFY) 7/17/80 ACTUAL DATE TO MEDICAL E EXECUTE THE O PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTMORE, MA Assistant MEDICAL EXAMINER SIGNATURE SIGNED Hormez R. Guard, M.D. EXAMINER'S NAME 111 Penn Street, Baltimore, MD 21201 (TYPE OR PRINT) ADDRES: 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 20 July 80 Biertown Cemetery Pawlings, Allegany N
[250. DATE REC'D. BY REGISTRAR | 256. REGISTRAR'S SIGNATURE BP Burial Allegany Md. 24. FUNERAL DIRECTOR **DHMH - 17** Allen M. Rotruckorskeyser, W.Va. (VR A15 ME (5)) 15M 7/77

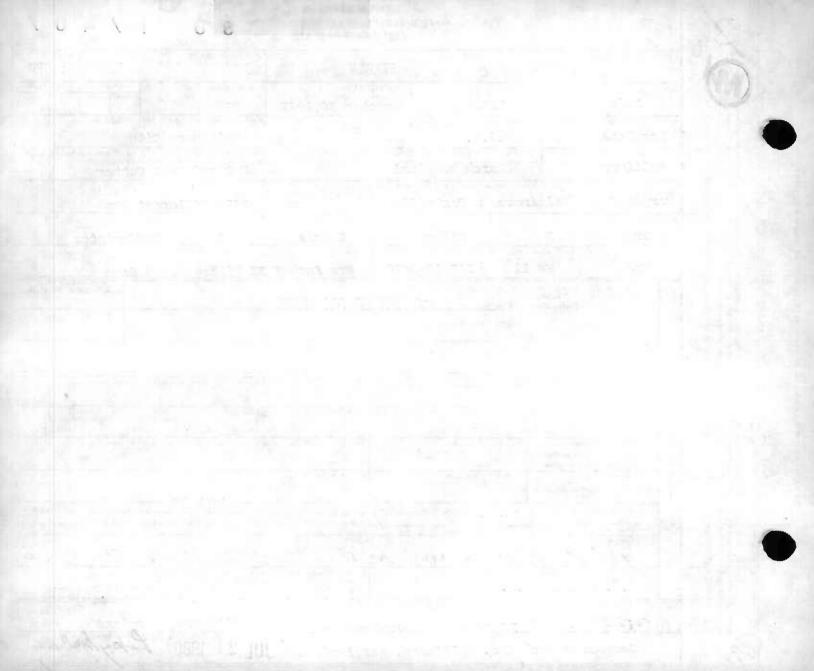
7 - 7	al med		and I de la company	
$ar{\chi}_{\cdot} = ar{\chi}_{\cdot}$			CS You Y	da tin
		•	U, 3,	, W
all lade last our lumust	l de l'adite	and the state of		compie 2 E
SVG no. 4	bield	speing	en intropped	, .v.,
patritote stotate		niina	R	1100 i 1 1 1 i 11
1. Partis Par 572 Springfield	AND SON	NO 448		O/I
in the second of				
7 11	À 7/6	The Con	Keny	
			2 10000	

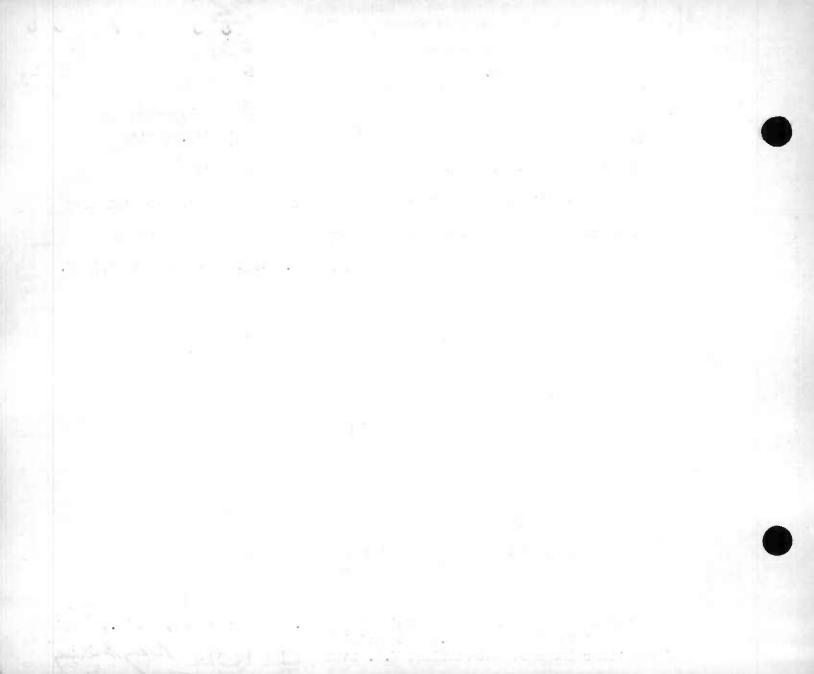
0 . 1 . 0 8 LTING E CITY the state of the s BALTIMERE ST AGNES HOSPITAL CO. Just No. Coopens noive 1.0 printel leterates 1.0 miol. 213-99-810 Irona Forsyrolm, 1482 leligen load Telegraphic for the part of th

10	1-	FOR STATE REGISTRAR						MENT OF					EH C	REG	NO.	7	4	0	6
(1)		CEASED NAME OR PRINT)		FIRST Largar	et		N.			ast 21ds	100		29. DATE OF DEATI	ESTI- H MATED	4700	7	31	YEAR 19 80	2b. HOUR
	3. SEX	male	4. RAC B1	ack	5. DATE MONTH	OF BIRTH	1933	6. AGE (IN YI LAST BIRTHE 47			IF UNDER	24 HRS. MIN.	PRONOL	UNCED	٨	7	31	YEAR 19 80	11:3.
SAN MARKET		RTHPLACE (S REIGH COUNTRY) Virgir				S.		NTRY?	8. MARRII WIDOW		VER MARRI DIVORC		9. BALTI	MORE CIT	_		City		MD
3 TO THE IN PAGE SE FILED RDS, 301 V	В	altimor	re		34	20 Be	rwyn	IRSING HOM STREET ADDRESS) Avenue	2	R INSTITU	TION			UPATION ORKING LIFE)		WORK	12b. KIN OR	ND OF BU R INDUSTR	SINESS RY
RECORD SECOND	13a. S	L RESIDENCE TATE aryland		RSING HOME C 13b. COUN		STITUTION, GIV	13c. CIT	E BEFORE ADMISS OR TOWN LITIMO		13d INSIDE C	ITY LIMITS?		EET ADD	ress Berwyr	n Av	<i>r</i> enu	ıe		
300		Thomas	3		M.			Fields		Mai		N NAME		MIDDLE A.			Haye	es	
DIVISION	16a. V	VAS DECEASE ES, NO, OR UNKNO	OWN)	(IF YES, GIVE	WAR OR DA	TES)	215-	-30-23		17. INFOR	delia	Jord	lan 1	ADDR		tvi		Aveni	
E USED AS A BURIAL-TRANSIT PERMIT. OF HEALTH AND MENIAL HYGIENE, D AI, CREMATION, OR REMOVAL.	NO	gove ri cause (a lying cou	se ta) stating use lost.		D	(b) UE TO, OR	AS A COI	NSEQUENCE NSEQUENCE ATED TO THE TERM	OF	OR CONDITIO	N GIVEN IN PAI	RT 1 (a),							
Al, CKEN	LIFICATI	19a. DATE OF	OPERA	ATION	10	b. CONDIT	ION FOR	WHICH OPE	RATION W	AS PERFOR	MED?				17			AUTOPSY?	NO []
PRIOR TO BURIAL, O	MEDICAL CERTIFICATION	210. EXTERNA UNDERLYING CONTRIBUTION	, 0	OR		Ib. TIME OF HOUR A.M P.M.	. MONTH	DAY YEA	R 21c. HC	W INJURY	OCCURRE	D (ENTER I	NATURE OF	INJURY IN ITE	M 18 PAR	T 1 OR PA	RT 2)		
	MEDI	WHILE AT WORK	NOT AT W	WHILE C] 2	STREET, FACT				REET			CITY OR 1	TOWN		col	UNTY		STATE
		1000	fy that	l toak chorg	ge of the r		Accident	ave, held an	Autops vicide	Hamid	Inspection cide .	Undet	Inquir ermined	manner	and in	DATE SIGNE		/1/80	
BALTIMORE, MARYLAND, 2		EXAMINER'S (TYPE OR PRI	NT)					, M.D.		ADDRESS_				111 P	enn				
BAL	23a. Bl	JRIAL, CREMA PECIFY) Bur	TION,R	REMOVAL 2	8/6,	/1980	23c.	NAME OF CE	METERY OF	1 Par	^k	CITY	CATION BITTI	more	Co.	, cqv	ary.	lanđ'	TATE
17 : (5))		THE C. I		h F/H	110	1 Ess	t Noi	rth Ave	enue		250. DATE F	G REC'D. BY	REGISTI	RAR 256. R	REGIST	RAP'S S	IGNATI	Cres	4

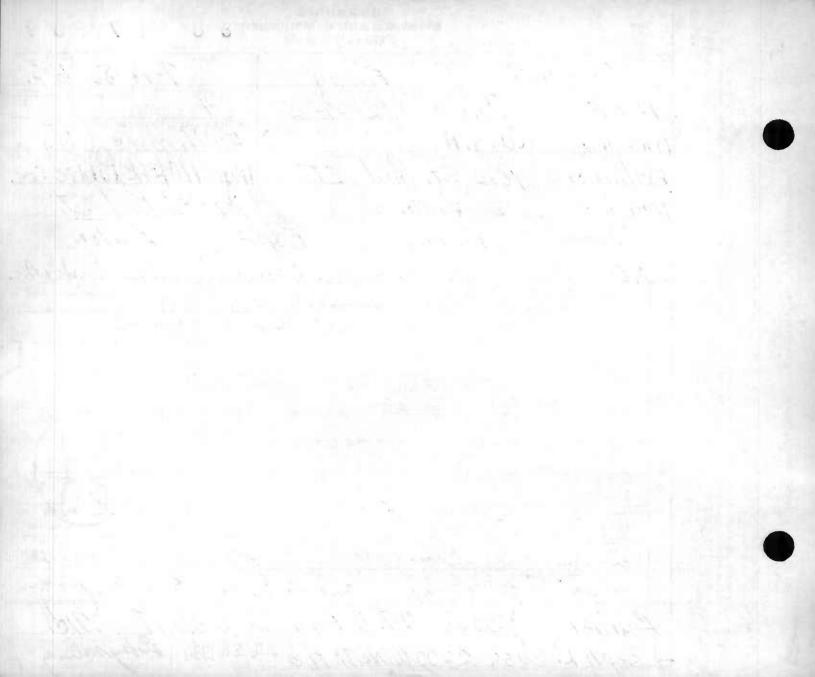
The state of the s					
					XI I
		infil estab			
	en e				
	Should not It!			12	

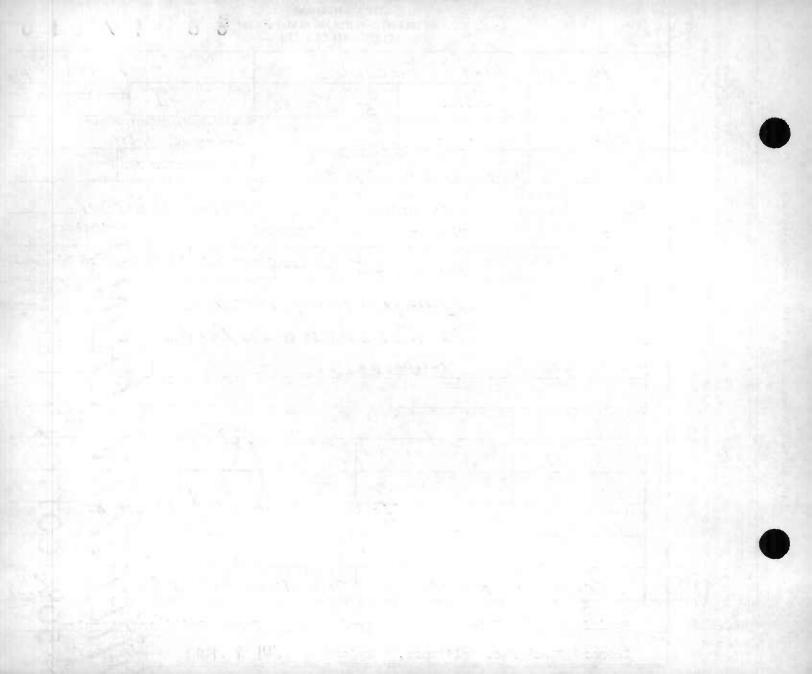
(VRA 15, 4) 1/79

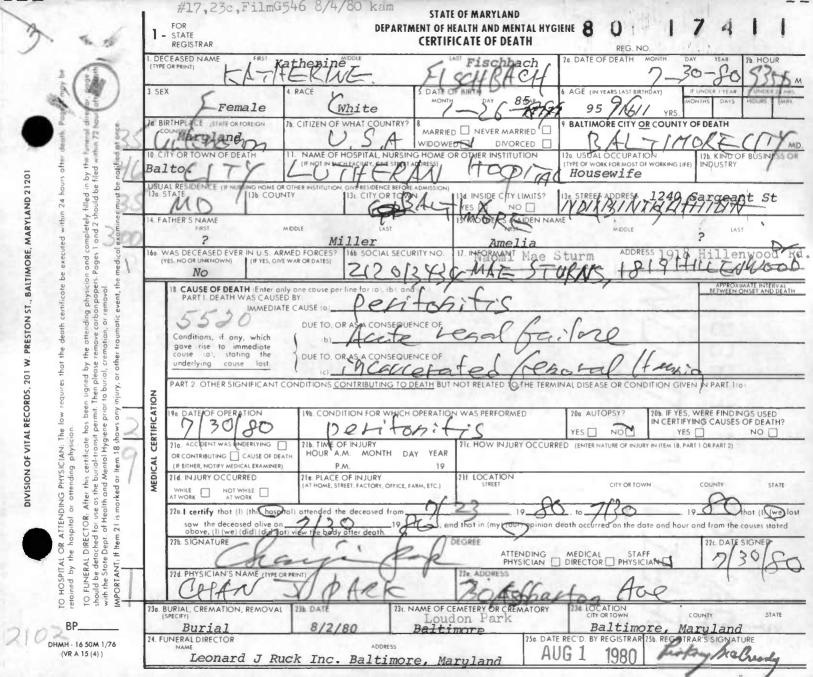


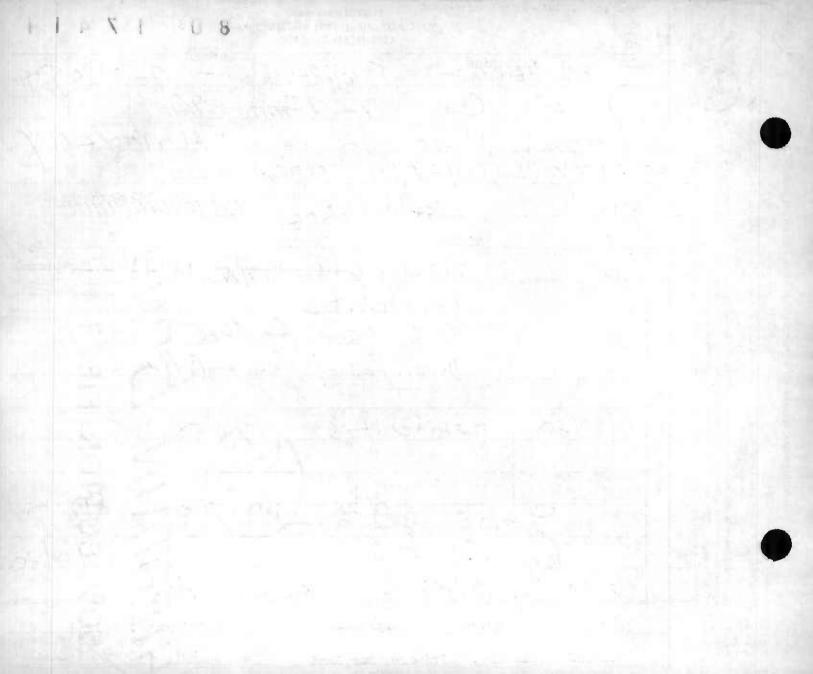


LASS Table	DECEASED EVER IN U.S. ARMED FORCES 168 SOCIAL SECURITY NO. 13 INSIDE CITY LIMITS? 136 SIEET ADDRESS. 187 CAUSE OF DEATH WAS DECEASED EVER IN U.S. ARMED FORCES 168 SOCIAL SECURITY NO. 13 INSIDE CITY LIMITS? 130 SIEET ADDRESS. 187 CAUSE OF DEATH WAS DECEASED EVER IN U.S. ARMED FORCES 168 SOCIAL SECURITY NO. 13 INSIDE CITY LIMITS? 130 SIEET ADDRESS. 187 CAUSE OF DEATH WAS DECEASED EVER IN U.S. ARMED FORCES 168 SOCIAL SECURITY NO. 13 INSIDE CITY LIMITS? 130 SIEET ADDRESS. 130 SI	LECCESSID NAME FAST MODIE TAX 28 HOURS TAX TAX 28 HOURS TAX TAX 28 HOURS TAX	DECLASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR STATE OF DEATH MONTH DAY YEAR STATE OF BIRTH AND AND AND AND AND AND AND AND AND AND	2h HOURS
The CRITICAL STATE OF COUNTY OF DEATH TO CRITICAL STATE OF COUNTY OF DEATH TO CRITICAL STATE OF COUNTY OF TABLED OF COUNTY OF DEATH TO CRITICAL STATE OF COUNTY OF TABLED OF COUNTY OF DEATH TO CRITICAL STATE OF COUNTY O	The BRITHPIACE STATE CROSSEDUE IN CHIZEN OF WHAT COUNTRY? MARRIED NEVER M	The content of the		
USUAL RESIDENCE IF MAYON CHOCKER RASTRUCCH, GIVE BANKENCE SET OR ADMISSION 134 INSIDE CITY LIMITS? 136 STREET ADDRESS. 139 COUNTY 1	USUAL RESIDENCE IN MIGRIAN COLOR AND AND AND AND AND AND AND AND AND AND	SULA RESOURCE STATE STAT	76. CHIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED BALTIMORE CITY OF COUNTY OF DEATH WIDOWED DIVORCED	ity ME
THE MASS DECEASED EVER IN U.S. ARMED FORCES? IN WAS DECEASED EVER IN U.S. ARMED FORCES? IN WAS DECEASED EVER IN U.S. ARMED FORCES? IN CAUSE OF DEATH (Enter only one couse per line for io.), (b), and ic. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CONDITION PURCHASED FORCES? PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED 186 DEATH OF THE CONTRIBUTION CONTRIBUTION OF THE CONTRIBUTION OF	FATHER 1 MASS SECRET MADE M	THE PART IS ARREST TO SECRET THE INJUST OCCURRED TO THE SIGNIFIC OF INJUST O	BALLINGE (IF NOT IN SUCH FACILITY STREET ADDRESS) STREET ADDRESS) STREET ADDRESS) STREET ADDRESS)	F BUSINESS OR
THE WAS DECEASED EVER IN U.S. ARMED FORCES? III. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 210 AUTOPSY? 210 IN CERTIFYING CAUSES OF DEATH (SETTING NOTIFY MEDICAL EXAMINER) P.M. 19 114 INJURY OCCURRED 216 PLACE OF INJURY 2116 LOCATION 2117 LOCATION 2118 LOC	THE WAS DECEASED EVER IN U.S. ARMED FORCES? The SOCIAL SECURITY NO. If INFORMANT ADDRESS	THE WAS DECEASED EVER IN U.S. ABMED FORCES? WAS DECEASED EVER IN U.S. ABMED FORCES? WAS DECEASED EVER IN U.S. ABMED FORCES? WAS DECEASED WE BE USED OF COLOR OF THE DOT ON THE LATE OF DECEASED WE PART I DEATH WAS CAUSED BY: PART I DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF CAULD MUST CONTRIBUTION OF THE LATE OF THE LOCAL MAND DATA WAS DEATH OF THE LOCAL MAND DATA WAS DEATH OF THE LOCAL MAND DATA WAS D	THE FATHER ALMAE LAST 7.	
DUE TO, OR AS A CONSEQUENCE OF Qual Migrarian Part 100 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS USED IN CERTIFYING CAUSES OF DEATH? YES NO	DUE TO, OR AS A CONSEQUENCE OF CALLED MAY, which down in the distance of the political properties of the political	DUE TO, OR AS A CONSEQUENCE OF Quality Regulation Part 100 DUE TO, OR AS A CONSEQUENCE OF Quality Regulation Regulation Regulation (b) DUE TO, OR AS A CONSEQUENCE OF Quality Regulation Regulation (b) DUE TO, OR AS A CONSEQUENCE OF Quality Regulation (course last) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE DUE TO, OR AS A CONSEQUENCE DUE TO, OR AS A CONSEQUEN	166 SOCIAL SECURITY NO. 12-INFORMANT ADDRESS 166 SOCIAL SECURITY NO. 12-INFORMANT ADDRESS 216-03-5335 Mrs. Theresa (4) Gains 8/0 Edman	Ison AU
19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20d AUTOPSY? YES NO YES NO YES NO NO NOTIFIED	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 208 AUTOPSY? YES NO YES NO HEADER FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO STATE 218. ACCIDENT WAS UNDERLYING AUSES OF DEATH? OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 219. P.M. 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210. LOCATION STREET 210. LOCATION STREET 211. LOCATION STREET 212. LOCATION STREET 213. LOCATION STREET 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 215. TIME OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 217. LOCATION STREET 218. CERTIFY that (I) (this haspital) ottended the deceased from STREET 219. ACCURRED 220. Location STREET 220. DATE SIGNED 220. DATE SIGNED ATTENDING ATTENDING 220. DATE SIGNED	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 208 AUTOPSY? YES NO YES NO CAUSES OF DEATH? YES NO CAUSES OF DEATH. YES NO CAUSES OF DEATH. YES NO CAUSES OF DEATH. YES NO CAUSES OF DEATH. YES NO CAUSES OF DEATH. YES NO CAUSES OF DEATH. YES NO CAUSES OF DEATH. YES NO CAUSES OF DEATH. YES NO CAUSES OF DEATH. YES NO CAUSES OF DEATH. YES NO CAUSES OF DEATH. YES NO CAUSES OF DEATH. YES NO CA	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10	3
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 THE INJURY OCCURRED 21e PLACE OF INJURY 21l LOCATION STREET CITY OF JOHN CONTRIBUTE COUNTY	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 THE INTURY OCCURRED AT WORK 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET CITY OR TOWN COUNTY STATE 220 I certify that (I) (this hospital) attended the deceased from sow the deceased olive on 7 for the date and hour and from the causes stated above (I) (we) did (did not view the body after death.) DEGREE ATTENDING MEDICAL STAFF 221. DATE SIGNED	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 270 I certify that (I) (this hospital) attended the deceased from sow the deceased olive an 7 f. g. and that in (m) (aur) apinion death accurred on the date and hour and from the causes stated obver (I) (we) Idid (did ng) view the body attended the DEGREE 272 I SIGN-TURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN BALL MAY 24224 3023 EASHWAN B. ELMAN BALL MAY 24224	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF YES NO YES NO	OF DEATH?
	220 I certify that (I) (this haspital) attended the deceased from 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	220 I certify that (I) (this haspital) attended the deceased from T, 19 0, to T, 19 1, that (I) (we) los sow the deceased olime an T, 19 0, and that in (my) (our) apinion death accurred on the date and hour and from the causes stated obove. (I) (we) (did (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 11. INJURY OCCURRED 21. PLACE OF INJURY 21. LOCATION STREET STREET CHYCREONEN COUNTY	STATE





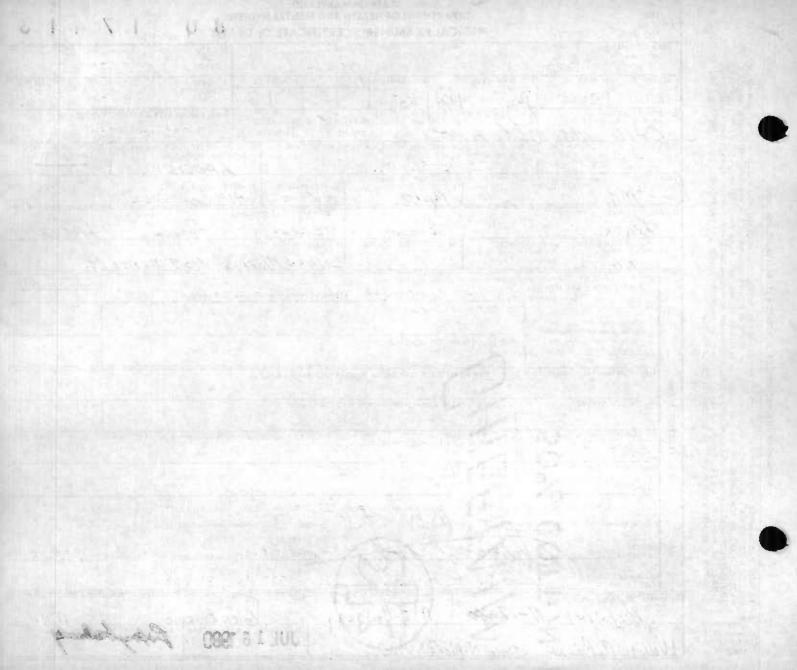




	1				TATE OF MARYLAND		
3	1	FOR STATE REGISTRAR		DEPARTMENT CEF	OF HEALTH AND MENTAL H	IYGIENE 8 0	7412
		ECEASED NAME FIRST		WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Page 4 may be director, page 3 hours offer death		ESTH	ER Y	ALLEN	FISHER	07	23 19991: 10 P M
t may ir, pag fter de	3. S		4 RACE		TE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
oge recto	L	FEMALE	100	9RO 0			RS.
P P P P P P P P P P P P P P P P P P P		BIRTHPLACE ISTATE OR FOREIGN COUNTRY MARYLAN D	U.S.	A. WID	RRIED NEVER MARRIED	BALTIMORE	NTY OF DEATH MD
(M)		BALTIMORE	ST. A	GNES HOSPIT		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	126 KIND OF BUSINESS OR INDUSTRY
Tributa Maria	130	JAL RESIDENCE (IF NURSING HOME OF STATE 136 COL	OR OTHER INSTITUTION JNTY	GIVE RESIDENCE BY FORE ADMISS 136 CITY OR OWN BALTIMORE	134 INSIDE CITY LIMITS.	? 13e STREET ADDRESS 113 N. Dennis	on Street
de de la constante de la const	14.1	ATHER'S NAME WILLIAM	WIDDLE	ALLEN	15. MOTHER'S MAIDEN FIRST SUSIE	NAME	THOMAS
Poper I	160	WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES GI	RMED FORCES? VE WAR OR DATES)	212-18-4984		P.O. Box 401 Se	verna Pk., Md.
erificate à g physicia angagers empoval. event, the		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS IMMEDIA	only one cause per ED BY: ATE CAUSE (a)	comA			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death or otherdin nove corb offon, or roumatic		Conditions, if ony, which gave rise to immediate	DUE TO, O	Brani tum	101-	huorn)	6 mos
d by the lease remind, creming or other t		cause (a), stating the underlying cause last	(c)	or as a consequence of	or (Efic but	huron)	3 yrs
en signer Then but	NOI					rminal disease or condition	
The low rection. e has been it permit. I giene prior haws ony ii	CERTIFICATION	19a DATE OF OPERATION		OITION FOR WHICH OPER		YES NO NO IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
ding physici ding physici is certificate buriol-transi Mental Hyg or Item 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	EATH HOUR A			URRED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)
DING PHYSIC or ottending After this cer e os the burio olth and Meni marked or Itel	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FARM, ET	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
R ATTENDIN haspital or RECTOR: Af hed for use of ept. of Healt tem 21 is mo		saw the deceased alive a obave, (I) (we) (did) (did n	7/:	23 10 80		on death occurred on the date and	, 19, that (I) (we) last hour and from the couses stated
0 . 0 . 0		22b. SIGNATURE	Urams		DEGREE 4. D ATTENDING PHYSICIAN	MEDICAL STAFF	7/23/80
retoined by the TO FUNERAL I should be deto with the State (IMPORTANT: #		22d PHYSICIAN'S NAME (TYPE	or printi frey	Abrams	22e ADDRESS		
PP	230	BURIAL, CREMATION, REMOVA	236. DATE 7-28-		OF CEMETERY OR CREMATOR	CITY OF TOWN	COUNTY STATE Maryland
DHMH - 16 50M 1/76 (VR A 15 (4))		FUNERAL DIRECTOR NAME TLITAM REFER &	SONG MO	Annapolis,	Md. 250 C	DATE REC'D. BY REGISTRAR 25b. REC	SISTRAR'S SIGNATURE

Zell ha / The Page muserum a ruma married toogt incapers in 12 ALEREALON: SIMILE DAY B.O. SONOUN SEVENIE PRO. DE. per service of the state of the state of hine year. · bar entire saus

REGISTRAN DECASED NAME FROST MODEL MO			FOR STATE				H AND MENTAL H			7 4 1
NOTION NOTION					MEDICAL EXA	MINER'S	CERTIFICATE O	F DEATH U	REG. NO.	4
NOTMON Second South Color Col	1		CENSED INAME		WIDDLE		LAST			DAY YEAR 2b
Male Black Male B		1		an			Fisher			13 10 80
Male Black Pec 7 31 80 54 Ph BRITHPLES (TIME OF MARKEOLOUS)RY? 3 AARREN 5 EVER MARRIED 3 SATIMORE CITY OR COUNTY OF EXCENSES USED COUNTY OF EXCENSES USED ACCOUNTY OF EXCENSES OF COUNTY OF EXCENSES USED ACCOUNTY OF EXCENSES OF COUNTY OF EXCENSES OF COUNTY OF EXCENSES USED ACCOUNTY OF EXCENSES OF COUNTY OF CO	3.	SEX	4. RACE			IN YEARS IF L	INDER 1 YR. IF UNDER		MONTH	DAY YEAR 2d
A CITIZEN OF WHAT COUNTRY? A MARRED NEVER MARRED BATTIMORE CITY OR COUNTY OF BATH WIDOWED DIVORCED BATTIMORE CITY OR COUNTY OF BATH BATTIMORE OF CITY BATTIMORE CITY OR COUNTY OF BATH BATTIMORE OF CITY BATTIMORE CITY OR COUNTY OF BATH BATTIMORE OF WIDOWED DIVORCED BATTIMORE CITY OR COUNTY OF BATH BATTIMORE OF WIDOWED DIVORCED BATTIMORE CITY OR COUNTY OF BATH BATTIMORE OF WIDOWED DIVORCED BATTIMORE CITY OR COUNTY OF BATTIMORE OF WIDOWED BATTIMORE CITY OR COUNTY OF BATTIMORE OF WIDOWED BATTIMORE CITY OR COUNTY OF BATTIMORE OF WIDOWED BATTIMORE CITY OR COUNTY OF BATTIMORE OR COUNTY OF BATTIMORE CITY OR COUNTY OF BATTIMORE CITY OR COUNTY OF BATTIMORE CITY OR COUNTY OF BATTIMORE CITY OR COUNTY OF BATTIMORE CITY OR COUNTY OF BATTIMORE CITY OR COUNTY OF BATTIMORE CITY OR COUNTY OF BATTIMORE CITY OR COUNTY OF BATTIMORE CITY OR COUNTY OF BATTIMORE CITY OR COUNTY OF BATTIMORE CITY OR COUNTY OF BATTIMORE CITY OR COUNTY OF BATTIMORE CITY OR COUNTY OF BATTIMORE CITY OR COUNTY OF BATTIMORE CITY OR COUNTY OF BATTIMORE CITY OR COUNTY OR COUNTY OF BATTIMORE CITY OR COUNTY OR COUNTY OF BATTIMORE CITY OR COUNTY OR	1	M	ale Black	2		MOI	THS DAYS HOURS		7	13 10 80 5
BE COUNTY I. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION The USUAL OCCUPATION TITLE OF WORK THE OTHER DESIGNATION THE OTHER DESIGNATI	7			76 CITIZEN			DIED ALEVED MADDIE	9. BALTIMOR	ECITY OR COUN	
ID CITY OR TOWN OF DEATH IT NAME OF FLOSPITAL NURSING HOME, OR OTHER INSTITUTION ITS USUAL OCCURRED (THTO IT WOW IN ITS, KIND OF BUSINES) A 1.4 CUITMINS CT.			BALTA MI	111	A. H.				timore Ci	itv
BALTULINOTE JUSUAL RESIDENCE (I BENEROS HORDER OR CHIEF MUSTILITION, COM PURPLE HORDER ADDRESS) JUSUAL RESIDENCE (I BENEROS HORDER) JUSUAL RESIDENCE (I BENE	711	0. CI	TY OR TOWN OF DEATH				HER INSTITUTION			
SUSUAL RESIDENCE (# IN HURSHOR HONG ON THE RESIDENCE BEFORE ADMISSION 134 KIRBE (117 LIMITS) 134 STREET ADDRESS 134 COUNTY 124 CUNTY 124 CUNTY 125 CUN	1	1	Baltimore					/ / .		OR INDUSTRY
14. FATHER'S NAME MODIE 15. MOTHER'S NAME 15. MOTHER'S NAME 16. MODIE 16. MODI				OR OTHER INSTITUT	ON, GIVE RESIDENCE BEFORE	(DMISSION)	Later recognition		-CI	
Ide WAS DECEASED EVER IN U.S. ARMED FORCES? Ide SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 185 MAJER 186 WAS DECEASED EVER IN U.S. ARMED FORCES? Ide SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 185 MAJER 186 MAJER 187 MAJER 18	13	30. 51	and Is coo	NIT	Balt	b b		1. 01 1	mins Ct.	
186 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS ADDRESS 17. INFORMANT ADDRESS ADDRESS 17. INFORMANT ADDRESS ADDR	fi.	4. FA	THER'S NAME		1 1)/7/1/2			NNAME		
NAS DECEASED EVER IN U.S. ARMED FORCES? 146. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 145. NO. OB UNKNOWN, 17. YES, ONE WAR CROATES) 146. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 18. CAUSE OF DEATH (Enter-only one couse per line for (o), (b), and (c).) 27. PART I DEATH WAS CALISED BY. 18. CAUSE OF DEATH (Enter-only one couse per line for (o), (b), and (c).) 27. PART I DEATH WAS CALISED BY. 18. CAUSE OF DEATH 18. CAUSE OF CONSEQUENCE OF 18. CAUSE OF CONSEQUENCE OF 18. CAUSE OF CONSEQUENCE OF 18. CONSEQUENCE OF	1		FRANK	MIDDLE	Tohas	(all)				2 int
PART 1 DEATH WAS CAUSED BY. IMMEDIATE CAUSE (b) ATTENIOSCIETO TIC CARDIOVAS CUITAR DISEASE DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate couse (o) International Conditions (ontineuling to death but not related to the terminal DUE TO, OR AS A CONSEQUENCE OF (c) THE SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? VES. XX. NO THE WITTON OF AN ADDRESS THE WITTON OF ANY STATE THE WITTON OF ANY STATE ADDRESS THE WITTON OF ANY STATE THE WITTON OF ANY	10	6a. W			16b. SOCIAL SE	CURITY NO.	17. INFORMANT			TISHER
18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY Conditions, if ony, which gove rise to immediate couse (o) stating the under-lying couse lost. Conditions, if ony, which gove rise to immediate couse (o) stating the under-lying couse lost. Column		(YE	S, NO, OR UNKNOWN] (IF YES, GIV	E WAR OR DATES)			1 Minn m	100's 45	a made	14
PART I DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease	F		11. CAUSE OF DEATH (Enter o	nly one couse of	er line for (a) (b) and (.))	16////	1EK/3 · /3	TITHASE	
DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate couse (o) stating the under- lying couse lost stating the under- lying couse lost. (c) PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO OFATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. AUTOPSY? YES XIX NO 2116. EXTERNAL CAUSE WAS 2116. TIME OF INJURY HOUR A.M. MONTH DAY YEAR UNDERLYING OR WHILE NOT WHILE 2116. INJURY OCCURRED 2117. INDURED OCCURRED 2118. INJURY OCCURRED 2119. PLACE OF INJURY (ATHOME. 2119. INDURING OCCURRED 2119. INJURY OCCURRED 2119. I			PART I DEATH WAS CAUS	FD BY.			Condiana	1 D:	AUTO SERVICE	BETWEEN ONSET AND
Conditions, if ony, which gove rise to immediate couse (a) stating the under- lying couse last. PART 2 DIRER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 DIRER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 DIRER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 196. DATE OF OPERATION			4393 IMMEDIA				Cardiovascu	Lar Diseas	2	
OUT TO STREET, PACTORY, FARM, EC.) 20. AUTOPSY? YES XX NO 196. DATE OF OPERATION 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES XX NO 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR ONTRIBUTING CAUSE OF DEATH P.M. 2171. HOW INJURY OCCURRED LENIER NATURE OF INJURY INTEM 18 PART 1 OR PART 2) WHILE NOT WHILE STREET, FACTORY, FARM, EC.) 226. Learlify that I took charge of the remains described above, field att death resulted from: Natural cause XX EXAMINER'S NAME THOMAS D. SINCEY 236. BURIAL CREMATION, REMOVAL 1235. DATE 2376. NAME OF CEMETERY OR CREMATORY ADDRESS 128. ACCOUNTY 238. BURIAL CREMATION, REMOVAL 1235. DATE 239. BURIAL CREMATION, REMOVAL 1235. DATE 230. BURIAL CREMATION, REMOVAL 1235. DATE 230. BURIAL CREMATION, REMOVAL 1235. DATE 230. BURIAL CREMATION, REMOVAL 1235. DATE 231. SAME ADDRESS 232. DATE REC'D SURFICIENTS AND STREET, ACCOUNTY STATE 233. BURIAL CREMATION, REMOVAL 1235. DATE 234. NAME OF CEMETERY OR CREMATORY 254. DATE REC'D SURFICIENTS AND STARKS AND BE 255. DATE REC'D SURFICIENTS AND STARKS AND BE 256. DATE REC'D SURFICIENTS AND STARKS AND BE 2576. DATE REC'D SURFICIENTS AND STARKS AND BE 258. DATE REC'D SURFICIENTS AND STARKS AND BE 259. BURIAL CREMATION, REMOVAL 1235. DATE 250. DATE REC'D SURFICIENTS AND STARKS AND BE			Canditions, if any, which		5, 54 75 7 65 132401					300
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 196. DATE OF OPERATION					OR AS A CONSEQUE	NCE OF				
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES XX NO 216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 214 INJURY OCCURRED WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) 216 PLACE OF INJURY (ATHOME, AT WORK 216. L'EARTING THE REMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 217 INJURY OCCURRED WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) 218 STREET 219 LOCATION STREET CITY OR TOWN COUNTY STREET CITY OR TOWN CITY OR TO					5, 5K A3 A CONSEQUE	IACE OF				1000
196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING OR UNDERLYING OR UNDERLYING OR UNDERLYING OR OR 216. INJURY OCCURRED 216. INJURY OCCURRED WHILE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) 216. LOCATION STREET 217. LOCATION STREET 218. LOCATION STREET 219. LOCATION STREET 220. Location on in my apinion death resulted from: Natural cause X ACELIAN SCINATURE EXAMINER'S NAME TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE SIGNED 231. NAME OF CEMETERY OR CREMATORY STREET 232. NAME OF CEMETERY OR CREMATORY STREET 233. LOCATION STREET 234. LOCATION STREET 235. DATE SIGNED 245. FUNERAL DIRECTOR STREET 256. DATE SIGNED 257. DATE STREET 258. DATE ARC'S SAND USE 247. FUNERAL DIRECTOR STREET 258. DATE ARC'S SAND USE 248. FUNERAL DIRECTOR STREET 258. DATE ARC'S SAND USE 249. FUNERAL DIRECTOR STREET 258. DATE ARC'S SAND USE 258. DATE ARC'S SAND USE 259. DATE ARC'S SAND USE 250. DATE ARC'S SAND			PART 2 OTHER SIGNIFICANT CONDITION		OFATH BUT NOT PELATED TO T	AE TERMINAL OICE	CE OR CONOTION CIVEN IN BAR	7.11		1
AT WORK AT WORK 220. Lecrtify that I took charge of the remains described above, held an death resulted from: Natural cause X Action Suicid Homicide Undetermined monner , TITLE (SPECIFY) DATE SIGNED 7-13-80 EXAMINER'S NAME Thomas D. Smith, M.D. ADDRESS 111 Penn Street 230. BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN. COUNTY STATE 24. FUNERAL DIRECTOR 25a. DATE 25a. DATE REC'D BY PECIFICAR 25b. P. ISTRAR'S S. ANY ABE					SEATT OF MOT REENTED TO T	IL ILEMBRAL DISES	SE OR CONDITION SIFER IN PAR	1 1 (8).		
AT WORK 27a. I certify that I took charge of the remains described of the tention of the tentio	7	ATK	190. DATE OF OPERATION	19b. CC	ONDITION FOR WHICH	OPERATION '	WAS PERFORMED?			70 AUTOPSY?
AT WORK 226. Lecrtify that I took charge of the remains described of the remains described of the remains described of the remains described of the remains described of the remains described of the remains described of the remains described of the remains described of the remains described of the remains described of the remains described of the remains described of the remains described of the remains described of the remains described of the remains described of the remains described on t		IFIC						S-1		
AT WORK 278. Lecrtify that I took charge of the remains described of the remains described of the remains described of the remains described of the remains described of the remains described of the remains described of the remains described of the remains described of the remains described of the remains described of the remains described of the remains described of the remains described of the remains described of the remains described of the remains described of the remains described on t	0	ERT	210. EXTERNAL CAUSE WAS			21c. 1	HOW INJURY OCCURRED	LENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PA	
AT WORK 226. Lecrtify that I took charge of the remains described of the remains described of the remains described of the remains described of the remains described of the remains described of the remains described of the remains described of the remains described of the remains described of the remains described of the remains described of the remains described of the remains described of the remains described of the remains described of the remains described of the remains described on t	1	ALC	UNDERLYING OR	at the second control of		YEAR				
AT WORK 22a. Lecrtify that I took charge of the remains described above, held an death resulted from: Natural causs Natu		Sign		21e PL	ACE OF INJURY (AT HE					
228. I certify that I took charge of the remains described charm, held an death resulted from: Natural cause X Accions Suicid Homicide Undetermined manner U, TITLE (SPECIFY) DATE SIGNATURE EXAMINER'S NAME [TYPE OR PRINT] 236. BURIAL CREMATION, REMOVAL 236. DATE 236. BURIAL CREMATION, REMOVAL 236. DATE 236. DATE REC'D BY DECISIRAR 256. BURIAL'S SAW USE 24. FUNERAL DIRECTOR ADDRESS 256. DATE REC'D BY DECISIRAR 256. BURIAL'S SAW USE		W	WHILE NOT WHILE	STREE	T, FACTORY, FARM, ETC.)	10 15	STREET	CITY OR TOWN	CO	UNTY
death resulted from: Natural cause X Actions Specify Undetermined monner , TITLE (SPECIFY) ACTUAL SIGNATURE EXAMINER'S NAME [TYPE OR PRINT] THOMAS D. Smith, M.D. ADDRESS TO BURIAL CREMATION, REMOVAL 236. DATE [SPECIFY] TO BURIAL CREMATION, REMOVAL 236. DATE [SPECIFY] TO BURIAL CREMATION, REMOVAL 236. DATE [SPECIFY] TO BURIAL CREMATION COUNTY STATE [SPECIFY] STATE [SPECIFY] STATE [SPECIFY] STATE [SPECIFY] STATE					-10.00				7	
TITLE (SPECIFY) DATE SIGNED 7-13-80 EXAMINER'S NAME Thomas D. Smith, M.D. ADDRESS 111 Penn Street 230. BURIAL, CREMATION, REMOVAL 23b. DATE 73c. NAME OF CEMETERY OR CREMATORY CITY OF TOWN CITY OF T	1		228. I certify that I took char	ge of the remoin	ns described drive, help	an Ano	psy X, Inspection	Inquiry _	, and in my ap	inian
EXAMINER'S NAME Thomas D. Smith, M.D. ADDRESS 111 Penn Street 130 BURIAL CREMATION, REMOVAL 23b. DATE			death resulted from: Nati	orol causer X	Accident	Spicial	Homicide	Undetermined monne	ir 🔲,	
EXAMINER'S NAME Thomas D. Smith, M.D. ADDRESS 111 Penn Street 230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Thomas D. Smith, M.D. ADDRESS 112 Penn Street 231. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Thomas D. Smith, M.D. ADDRESS 123c. NAME OF CEMETERY OR CREMATORY (SPECIFY) COUNTY STATE (SPECIFY) TO BURIAL DIRECTOR (SP			ACTUAL A	11/2	4	1			DATE	
236 BURIAL CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY COUNTY STATE OF COU	-			100 W	ord an	Page 1	Deputy Chi	CMEDICAL EXAMINE	R SIGNE	D_7-13-8
236. BURIAL CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION CHYOTOWN COUNTY STATE OF COUNTY STATE	1		EXAMINER'S NAME	Phomae I	Smith M	D	777	Donn Ct	+	
24. FUNERAL DIRECTOR ADDRESS ADDRESS COUNTY STATE CALURY COUNTY STATE COU	-		GTTE GRTRIIT)				ADDRESS		∌ ∪	
24. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS	23	Ja. BU (SF	RIAL, CREMATION, REMOVAL	44 -4		F CEMETERY	OR CREMATORY	23d. LOCATION	, COUR	NTY STATE
, NAME ADDRESS		14 =	DURIAL	1-11-	80 1117	· CA U	ORY		10	md.
William (Consul and W. Clark Ada	2			AC		A	25a DATE RI	C'D BY DECISTRAR	Sb. Bars SRAR'S S	THE REAL PROPERTY.



0	1.	STATE REGISTRAR		DEFARI		ICATE OF DEATH	REG. N	10	1 4	1 4
1		CEASED NAME F	IRST .	WIOOFE	L	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	1	OKPKINI	Catherine		Fitz	penald	July 21	1980		
1	3. SE	X	4_RACE	4 4 1 2 2	S. DATE	F BIRTH	6. AGE IN YEARS LAST BE	RTHDAY) IF L		IF UNDER 24 HRS
A /	16	Female	Whit	e	Aug	.8,1905 YEAR	74	YRS.	THS DAYS	HOURS MIN
18		RTHPLACE (STATE OR FOREK	ON 76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY		PDEATH	
5/7	7 T	lungaru	US	A	WIDOWE		Balti	more (i	tu	MD
7		TY OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCCUPAT			BUSINESS OR
100	Be	ultimore	52	C. Leme	nt St.	Balto.	TYPE OF WORK FOR MOST	e working life)	INDUSTRY	
t pe	USU 130.	AL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION	N. GIVE RESIDENCE BEFOR		134 INSIDE CITY LIMITS?	13e. STREET ADDRESS			
E35	Mai	uland.		Baltimo	ne	YES NO		ement S	t. Balte	o.Md.
oine.		THER'S NAME	WIDOLE			15. MOTHER'S MAIDEN NA	ME			
SEDC	,	Peter	WIDOLE	Schlauc	h	FIRSTLIZA	beth Agn	es (Inknour	2
dicol		VAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SEC	JRITY NO.	17 INFORMANT	ADDR	ESS		
med /	,	No	TES, GIVE WAR OR OATES	Unkno	ww	Mrs. Marlene	H.Oates. 81	33 High	point 1	Rd.
the			Enter anly ane cause pe CAUSED BY	er line far (a), (b), ar	nd (c)			- / - /		ATE INTERVAL
vent			CAUSED BY MEDIATE CAUSE (6)	MYOU	AND	PIAL ING	=ARCT/	011	1	DAY
ofic e		410-		OR AS A CONSEQU	ENCE OF				7-17	
on w		Canditions, if ony, w		A	SCI	10			2 ~	205
er fro	10	gove rise to immed	iote	OR AS A CONSEQU	ENCE OF		MINE ALD			The last
oth			last (c)	H	SP) Establis	2 ~	100
٧. ٥		PART 2 OTHER SIGNIFI	CANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR COM	NDITION GIVEN	IN PART 1(a)	
2	CERTIFICATION									
ou C	3	190 DATE OF OPERATION	N 196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		VERE FINDING	
T own	<u>₹</u>						YES NO	YES [NO 🗌
18 8 9		21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS		OFINJURY	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18, PART	1 OR PART 2)	
Hem	CAL	(IF EITHER, NOTIFY MEDICAL EX	DE OF DEATH	P.M.	19					
ō	MEDICAL	21d. INJURY OCCURRED		OF INJURY	FARM, ETC.)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
orke	2	WHILE AT WORK AT WORK								
S m		22a.1 certify that (1)thi	is hospital) ottended t	he deceosed from.	206	- 15 19 P	0, to 7-	2/ 19.	YU, 11	lat (Dwe) last
21		saw the deceased o	(Md not) liew the bad	19_	, 01	nd that in (my) (our) opinion	death occurred on the	date and hour or	nd from the co	ouses stoted
Hen	1	226. SIGNATURE		1		DEGREE	WED164		22c. DATE S	
=		onn	-1.1		M	ATTENDING PHYSICIAN	MEDICAL STA	CIAN	7-22	2-80
TAN		22d. PHYSICIAN'S NAME	(TYPE OR POINT)	~		22e ADDRESS				
MPORTANT		M.S. Post	ner M.D.	7.	0	107 E. We	st St ;	#21230		
IMPORTA		BURIAL, CREMATION, REA				EMETERY OR CREMATORY	234 LOCATION		NINTY AA	A STATE I
	18	SPECIFY) Burial	July 2	24,1980 L	Baltim	ore National	Cent. Bas	ltimore,	Mar	yland
/77		JNERAL DIRECTOR	1 11 42	C TADDRESS	10	14 MJ 250. DA	TE REC'D. BY REGISTRAF		R'S SIGNATU	
	Mic	Cully Funer	al Home, 130	C. Fort	Hve. Do	ico.ra. Ju	L 2 2 1980	finter	y sel	ready

months and shows the second · California de l'Article de la contraction de l 08-32-7 wated a few and the continues with the continues of the c a will intend rough the color of the color o

in Francis	11	it	ems #10 for	a-22a Fi	Im G5	40 IC	EPARTA	MENT OF	HEALTH	AND MI	ND ENTAL H'	YGIENI	Ε			wng	3 1	- Cont
(NR)	8	1-	STATE REGISTRAR					XAMIN					and I	REG.	NO.	1 4	9 1	3
MAN			CEASED NAME E OR PRINT)				MIDDLE	17.	N. C.	LAST		1	o. DATE	KNOWN	XX MON	TH DAY	YEAR	2b. HOUR
NECESSARY, PLEAS. STOREAL DIRECTOR STORY FILE WITHIN 72 HOURS	ET,	(117	CORPRINT	Oliv	er			Fi	tzhug	gh			OF DEATH	EST1- MATED	□ 7	16	19 80	
PLEA ECTO HOU	STRE	3. SE		4. RACE	5 DATE O	F BIRTH	YEAR	6. AGE (IN YE			IF UNDER 2	24 HRS.	2c. DATE		MONT	H DAY		2d. HOUR
DIRI OUR	Z	m	ale	black	9	27	56	23 Y	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	S DAYS	HOURS	MIN .F	PRONOUN			7 10	6 ; 80	9:13
NECESSARY, FUNERAL DIR 5 FOR YOU WITHIN 72	SEST OF		RTHPLACE (ST	ATE OR	76. CITIZE	N OF WH	AT COUNT	TRY?	8. MARRII	D NE	ER MARRIE	D	9. BALTIN	AORE CITY	Y OR COU	NTY OF	DEATH	
NECESSAR FUNERAL 5 FOR YO 5, WITHIN	<u>C</u> C		MD.			UL	1A		WIDOW	ED 🗆	DIVORCE		В	altim	nore (City		MD
7 IS 90 IS 10 200	177	TY OR TOWN		11. NAME	OF HOSP	ITAL, NUR	SING HOMI REET ADDRESS) Place	, OR OTH	R INSTITUT	TION		AL OCCU		TYPE OF WOR	12b K	OR INDUST	JSINESS IRY	
DELAY 3 TO TI IN PAC			altimor									w	nem	play	red			
SULP A	ECORDS,	13a. S	TATE	13b COUN	TY	TUTION, GIVE	13c. CITY	OR TOWN	₽N)	13d. INSIDE CL		13: STR9	ET ADDRE	ESS	1	1	2/-	
2, A 3, F 3, F 2, SHC	0	14. FA	THER'S NAME				(0)	4210	4	YES ANDTHE	NO .	INIAME	7 (2001	1017		Tac	e
	18 20C	1	FIRST.		MIDDLE	-	Fifz	KILOI	1, Sr.	Ano	RST // C	7	N	AIDDLE	5	ter	Tino	
2 2 2 2	ONO	16a. V	AS DECEASED	EVER IN U.S. ARA	MED FORCE	S?	16b. SOCI	IAL SECURIT	YNO.	17. INFORM	AANT	11	1	ADDRE	SS /	2	14	01
BALTIM IRS AFTE GIVE P WITH FC	AND MENTAL HYGIENE, DIVISION ON, OR REMOVAL.	-	18 CAUSE OF	DEATH (Fabruary)		P	4 > 4 >	1433		ringe	119	1112	rugi	191	TD	enn	APPROXIMAT	//.
ON ST., I 24 HOU ITEM 18. LIONG V	Ä,	13	PART I DE	DEATH (Enter on ATH WAS CAUSED	BY:	/		diomyc	nathy									ET AND DEATH
TON ST.	L GE		425	IMMEDIAT	E CAUSE (SEQUENCE	£ 0	- 1								
THIN HER	REMOVAL			s, if ony, which		L												
OT W. PRE	REA E		couse (o)	e to immediate stating the <u>under-</u>	<	TO, OR A	AS A CONS	SEQUENCE (OF.	4.1				147				
S, 301 W. PRESTON FECUTED WITHIN 24 Y' IN PENCIL IN ITEA AL EXAMINER ALON BURIAL-TRANSIT PER	O. O. A.		lying cou	e lost.	((c)		Marie T										
DIVISION OF VITAL RECORDS, 3 S CERTIFICATE SHOULD BE EXECT RITING THE WORD "PENDING" IN POED TO THE CHIEF MEDICAL. E 3 SHOULD BE USED AS A BUR	CREMATION, C		PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING	TO OFATH BU	UT NOT RELAT	EO TO THE TERM	INAL DISEASE	OR CONDITION	GIVEN IN PART	11a).						
ECORD D BE EX ENDING MEDIC AS A	EWA	CERTIFICATION	14 0.17			5.48		1.55									-	
MTAL RESHOULD	AL, CR	CA	19a. DATE OF	OPERATION	19ь.	CONDITIO	ON FOR W	VHICH OPER	ATION W	AS PERFORA	MED?						AUTOPSY	
FVITAL RE TE SHOULD WORD "PE HE CHEF D 8E USED	Z Z -	RTH	21a EXTERNA	L CAUSE WAS	216	TIME OF I	INITIDY		121. 40	AAV IN LILLIDAY	055118855		1				YES XX	NO 🗆
SION OF RTIFICAT IG THE V TO TH SHOULD	PRIOR TO BURIAL, C	N C	UNDERLYING	OR	HC	DUR A.M.	MONTH	DAY YEAR	1 21c. no	W INJURY	OCCURRED	(ENTERN)	ATURE OF INJ	JURY IN ITEM	18 PART 1 OR	PART 2)		
SION SECTO	ORT	MEDICAL	21d INJURY O	CCURRED		P.M.	FINJURY	19 (AT HOME	21f. LOC	ATION								
DIVIS THIS CER WRITING WARDED	TATE DEPA 201 PRIOR	ME	WHILE AT WORK	NOT WHILE	51		DRY, FARM, ETC			REET			CITY OR TO	WN		COUNTY		STATE
P. Y	212		22a Loertif	y that I took charg	e of the rem	nains descr	ribed abov	e heldes	Autops	, Tvv	Inspection	П	Inquiry		ond in my		1000	
AMINER RTIFICATION B 8E FOR	H, WITH THE MARYLAND,		death resulte		1 Lous	जी	Accident		cide .	Homici		Undete	rmined mo].	оринон		
X L I I	WHY.			1	H	1	(CIA			TITLE (SF								
AL E	H. W.		ACTUAL SIGNATURE_	VI	10	ne	aw		M.	Acci	stant	MEDIC	CALEXAN	AINER	DAT	E NED	7/	17/80
TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D	I MOR		EXAMINER'S N (TYPE OR PRIN		Horm	ez R.	Gua	rd,M.D		DDRESS_1	.11 Pe:	nn	Stree	et,Ba	lto.,	MD 2	21201	
10 PAGE	BALI	23a. Bl		ION,REMOVAL 2	3b. DATE	10	23c. N.	AME OF CEA			RY	23d. 1.QC	ATION			OUNTY		
160 BP	67	1	MRIA		7/23	180	M	+ Aus	xun	Cen	r,	130	alto).			m	8.
DHMH - 1 (VR A15 ME		Y	NAME	PRP,	FIM	ADDRESS (5.1	. /		04	AUG			R 25b. RE	GISTRAR'S	SIGNA	TURE	
15M 7/77		Y	15. N	104611	3/9	No	xx	rola	R	W,	AUG	L	980	10	4997	ME	produ	

-				
			2,017	
	312 5			5024 1 1224
	retries to la			
			en es all	e e e
	The sense of the			
		14 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		The same
	TO COLLEGE BERNER			

F V . To Bank Sing the State of grand to the second second THE RELIGIOUS ASSESSMENT

	١.	FOR	DI		HEALTH AND MENTAL HYG	SIENE O O	1 7	1 1 7
<	1	STATE REGISTRAR		CERTI	FICATE OF DEATH	REG. NO).	4 1 /
_		CEASED NAME FIRST OR PRINT)	MIDDLE		LAST	2e DATE OF DEATH	MONTH DAY YE	AR 2b HOUR
(11		Gert	rude D.		ewers	July 18.		9:15a M
	3 SE	X	4 RACE	5 DATE	OF BIRTH	6. AGE JIN YEARS LAST BIRTI		YEAR # UNDER 24 HRS
-		Female	Black		2/8/29	50	YRS	
	78 B	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COL	MARRIE	D TNEVER MARRIED	9 BALTIMORE CITY O		TH
<u>55</u>	10.6	Md.	U.S.A.	WIDOW		Baltimor		MD
3		Baltimore	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GR Mary land	General	Hospital	12e USUAL OCCUPATE (TYPE OF WORK FOR MOST OF		IND OF BUSINESS OR STRY
35	130	AL RESIDENCE (IF NURSING HOME STATE 13b COL Md. CJ	OR OTHER INSTITUTION, GIVE RESIDEN JINTY TV Ba	CE BEFORE ADMISSION OR TOWN Lto .	134. INSIDE CITY LIMITS?	13. STREET ADDRESS	Baltimor	e St.
	14. F	ATHER'S NAME			IS MOTHER'S MAIDEN NA	ME		
20		Benjamin	Davi	LS	Evelyr	MIDDLE	Davis	LAST
1	16a \	VAS DECEASED EVER IN U.S. A		AL SECURITY NO	17 INFORMANT	ADDRE	55	
		(# 1E3, G	220-	-22-405	Atlas Flo	owers	SZA	40
	-	IS CAUSE OF DEATH (Enter	anly ane cause per line for (a),	, (b), and (c).)			BET	WEEN ONSET AND DEATH
		PART I. DEATH WAS CAUS	ATE CAUSE (a) Card	iogenic :	shock		A. C.TO = 3	
		214 A.	AIL CAOSE (U)					
		Canditions, if any, which	DUE TO, OR AS A COM	iple Sch	erosis		TO NOTE OF	
		gave rise to immediate	10)		210313			
i		cause (a), stating the underlying cause last	DUE TO, OR AS A COM	NSEQUENCE OF				
		PART 2 OTHER SIGNIFICANT	(c)	NG TO DEATH BUT	T NOT RELATED TO THE TERM	AINAL DISEASE OR CONF	DITION GIVEN IN PA	PT Ita
	N N		<u> </u>	000000000000000000000000000000000000000	THE TENTES TO THE TENT	THE DISEASE ON COLUM		
-	¥	196 DATE OF OPERATION	196 CONDITION FOR			20a AUTOPSY?	206. IF YES, WERE F	INDINGS USED
1	Ĭ	May 8, 12, 28	1980 Decubit	us ulcer	; Gluteus flap	Closure	IN CERTIFYING CA	NO [
_	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	THE DAY VEAD	21c HOW INJURY OCCUR		IN ITEM 18, PART 1 OR PA	RT 2)
9		OR CONTRIBUTING CAUSE OF D		TH DAY YEAR	S. P. S. P. S.			
	MEDICAL	214 INJURY OCCURRED	21 . PLACE OF INJURY		211 LOCATION STREET	CITY OR TOW	N COUNT	TY STATE
	2	WHILE NOT WHILE T	(AT HOME, STREET, FACTORY,	, OTPICE, PARM, ETC.)	3,400	CITTORTOW	COON	STATE
		22a I certify that (1) (this has	pital) attended the deceased	from March	1 13 , 19 8	O to July 1	19_8	10 , that XX (we) last
		220 I certify that (1) (this has saw the deceased alive of	July 18 to view the bady after death	19 80	nd that in (mg) (aur) apinian	death occurred an the da		
		Ma SIGNATURE	opi view the bady after death		DEGREE		226.1	DATE SIGNED
		Con &	Fine 1	m,4),	ATTENDING	MEDICAL STAF	F JI	uly 18, 19
	1	PHYSICIAN'S NAME (TYPE	OR PRINTI	1110	220 ADDRESS	J DIRECTOR LI THISIC	AITE	
1		Joseph Gar			c/o Marylan	d General Ho	enital	
1	220			I 22. NAME OF	CEMETERY OR CREMATORY	1234 LOCATION	spital	
	234.	Burial, cremation, remove Burial			r Hill Cem.	CITY OR TOWN	COUNTY	STATE
	24 5	UNERAL DIRECTOR	7/23/80	Ceda	I TILLL Cem.	Brook1	VII	The same of
M /79	14.7	NAME CARECTOR	Rice 1300	DRESS TO THE OWN	77	REC'D. BY REGISTRAR	property	Mecrody
9	1	UNALTES A.	RICE INUU	WELLS		1111 ~ - 100		

	gpor . 81 atou.	Figure	rrude D.	toû Ser
		# gs/g/ar is		2.7 (8)
	Validanomia filey			.45
		meral Mespitol	Pary Land Ge	andmid in
. T. 11	restation . SIES		eles F	
		Lovi	elival III	Dengmin
	A Table	Maria Cand	0_100	
		Santa Stee		
			iridi	
	en Closurs n	de selvensis ulcor; filvens film		ney 6, 12. 2
	n Closure N			10 V G, 12. 2
	on Closure N	oli amerula gestu	culliduodi sucl s	
	at yest ou	olcor; Bluccus Yla	culliduodi sucl s	ney 6, 12. 2
es d'	at yest ou	olcor; Bluces II.	culliduodi sucl s	×

BALTO., 21224,MD.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

DHMH-16 25M

(VRA 15, 4) 1/79

one col of the color

. (. () W. II was

...IE PA CH 15.1905

CHURCH HUSEITEL INC.

. The le . TO Callan MD. BALTIMORU ... 731 5. ICICIAC 51. / 2224.

HIGH LA MIGHTIG YEAR L. L. Sil.

901 S. Connaine ST. 5.1.TO., 21224,119.

BURIAL 7-18-80 CAN LAIN CEMETERY 7225 SASTING LLVD. M. CO., CO.

E.J.FIPCR. CITY.

	STATE OF MARYLAND								
XO.	1.	1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 1 7 4 1							
((1)	I DE	CEASED NAME FIRST				26 DATE OF DEATH	MONTH DAY Y	EAR 2b. HOUR	
y be		URGINI					7/	2/00	113
4 ma	3 SE	X	4 RACE		5 DATE OF BIRTH	DAY YEAR	& AGE (IN YEARS LAST BIRTH		DAYS HOURS A
Page 4		/emale			Dec 19,	1919	GO YRS.	YRS.	
ed at	C	RTHPLACE (STATE OR FOREIGN OUNTRY)	** 7 7		MARRIED W NE		Baltimore City O		TH
fund origin		New York	U.S.A. WIDG		WIDOWED THE	DIVORCED	Baltimore City 120 USUAL OCCUPATION 120 KIND OF BUSINESS		
by the ed with st be n	1	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) University Hospital			(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Retired Bank Teller			
24 ho be filt	USU 13a	AL RESIDENCE (IF NURSING HOME (STATE 136 COL	OR OTHER INSTITUTION	13L CITY OR TOW	N 1134 INS	IDE CITY LIMITS?	13. STREET ADDRESS 5937 Glen	an and	
日 日日 (長/ご)	-	aryland		Baltimor				kirk Rd	
pletely d 2 shou	14. F/	THER'S NAME	MODIE SWIFT ARMED FORCES? TIGO SOCIAL SECURITY NO		IS. MOT	HER'S MAIDEN NA			Stap'leton
compl 1 and 1	144.3	Anthony VAS DECEASED EVER IN U.S. A			DITY NO. 12 IN ISC	Mae 17 INFORMANT ADDRESS			Stapleton
be ex ages 1 the m	0	res, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES	132-10-		James J		Same	
ian ian ian ian ian ian ian ian ian ian	N	18 CAUSE OF DEATH LEnter of PART I. DEATH WAS CAUS				Valles U	rigini		PZIOXIMATE INTERV
e law requires the	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 MEVAS VATUL LUNG CANCER TO CONSIDER SUPPORT CONDITION FOR WHICH OPERATION WAS PERFORMED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED							
e has serm ene I	F	6/30/80	META	TATIC U	NG CATOO	SPERSLU	YES TO NOW	IN CERTIFYING CA	USES OF DEATH?
cian. cian. ificate hansit pern Hygiene	T W	218. ACCIDENT WAS UNDERLYING			21c. HO	W INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PA	JRT 2]
PHYSICL, ig physici g physici this certifi urial-trans Mental H d or Item	₹	OR CONTRIBUTING CAUSE OF D	AIN .	M. MONTH DA	19				
DING PH ttending p After this s the buris th and Me marked o	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOC	CATION	CITY OR TOW	N COUNT	TY STATI
A A ast the salth is m			sited) estandad sh	a danadad baan	6/18	10	7/	10 0	that (I) (we
STO STO T USE		the deceased alive on 1/2 / 19 8 O / and that in (my) (our) opinion death occurred on the date and hour and from the courses state							
OR A hospil hospil hospil hed fo bept. of Item		226. SIGNATURE	View the body offer death. DEGREE ATTENDING MEDICAL STAFF						DATE SIGNED
1 2 2		1 ann	- 00	1 de	y my	PHYSICIAN [DIRECTOR PHYSIC	IAND 19	700
oy the GRAL Control of the Control o	1	224 BLANCICIANIC NIANO			1 //0 AD	DEED TALLS			
HOSPITAL (sined by the land) FUNERAL [build be detach the the State D (hopping)		27d. PHYSICIAN'S NAME (TYPE ZMUN H.		sung	UA	n mers it	NEUROSU TOF MAPRIE	when ru	struza
TO HOSPITAL retained by the TO FUNERALE should be detack with the State D IMPORTANT: 1	23a J	ZMUN H.	BELL		IAME OF CEMETERY	n mers in	1236 LOCATION	when re	
TO HOSPITAL OF OVER THE STATE Should be detect with the State D IMPORTANT: I	23a (znuw H.	BELLE 1 236. DATE		UA	OR CREMATORY	23d LOCATION CITY OR TOWN	e, Maryla	nd STATE

8 6 1 7 4 1 5 M SUBSTITUTE M The same of the sa The state of the s

10 17 28 11 CO			- YAU	
65				
naltimore Kity			DSG.	Mode relate
Take a coll	I de	Incall Invo	noo Une Lyana	eranizi
403 Domest pri		Doors	Ing. a of l	5.
a Strade Lo.		JHOEGE	C	A. Prener
		es 1372 m reinseu TF		on
			out grou	
		and for	Inclinação -	eis Islamagn
		noto7 3	Carcleons C	2-16-40
es of styles		1. VIGET	12 A15A	Kus X-E
xx 7-21-10				
General Josephan	line year o		.d.y , analiga	
		OWATES I	JOET, DEYT	

willion City mryland teneral deseitel

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME TO. DATE KNOWN TO MONTH 75. HOUR (TYPE OR PRINT) ESTI-THEODORE FORD DEATH MATED 30 19 80 5 FOR YOUR FILES 3. SEX 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. DATE OF BIRTH IF LINDER 24 HRS 24. DATE MACHONOR LAST BIRTHDAY PRONOUNCED ma le black 03 DEAD 30 1980 AM To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Baltimore City WIDOWED DE DIVORCED SE W. Carolina ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS W. Saratoga Street FOR MOST OF WORKING LIFE)
Shipbuilder Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13E. CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Maryland Baltimore Saratoga St. YES X 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Rufus Ford Despot 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) 213-07-5172A No Theodore R. Ford, Jr. CAL EXAMINER ALONG W. BURIAL-TRANSIT PERMIT. F AND MENTAL HYGIENE, DI ION, OR REMOVAL. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL Gastro intestinal bleeding and arteriosclerotic BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) cardiovascular disease Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last AND PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL, 3 SHOULD BE DEPARTMENT OF YES NO TXX 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 CONTRIBUTING CAUSE OF DEATH PRIOR 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK CITY OR TOWN COUNTY STATE TO MEDICAL EXAMINER: 1
EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR, PAFIER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21: Inspection XX 22a. I certify that I took charge of the remains described above, held an Autopsy and in my apinian Natural causes XX death resulted fram: Undetermined manner TITLE (SPECIFY) Assistant DAE 30-80 EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS. TYPE OR PRINT 111 Penn Street 230 BURIAL, CREMATION, REMOVAL 23b, DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Ma. 8-5-80 Mt. Auburn Balto. (Westport) BP 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTION SERVICE NATURE **DHMH-17** RICE, P.A. 1980 1300 Eutaw Pl. (VR A15 ME (5)) 15M 7/77

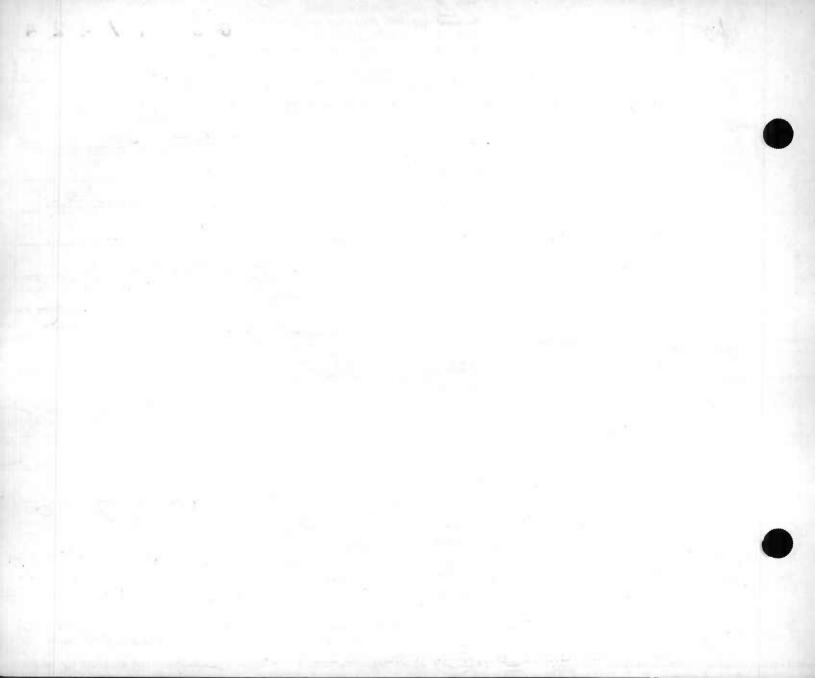
			NAME OF THE PERSON
will model to		.4.6.0	a literati.
		1.25 N. Michael Pront	
. P. Comment . Col.		eron is 1-1	Shentyen
de (e.g. 2)			
A2 (or)	Mancha	2715-78-616	
	a section	ີ່ = ໂພລລ ທາງໄດ້ ນ າລ	

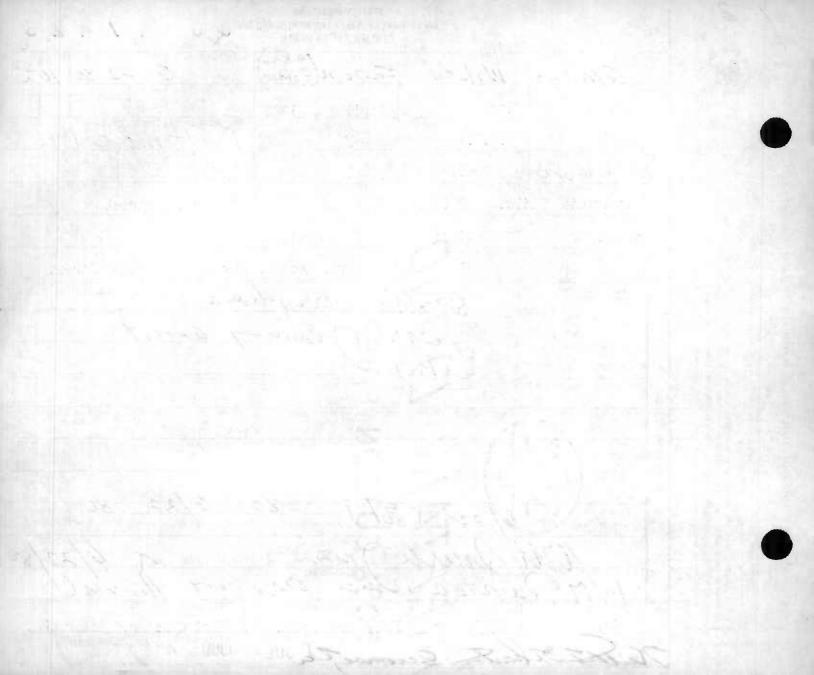
2° 2 08 2 ylub Foreman 00 95 26 8 V:04.8 Butimore University Hospital Snoft Livred bisan L the the are 1217 W. Fayette St 2100 JAU SAN cardiac arrest Omitatives or a temporarior rorg Burn Druth by EEG. seizure disorder to plan or co and Se jelist K Sauces (OW University Hospital

Ruck Towson Funeral Home, Inc. Towson, Md 21204

(VRA 15, 4) 7/78

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



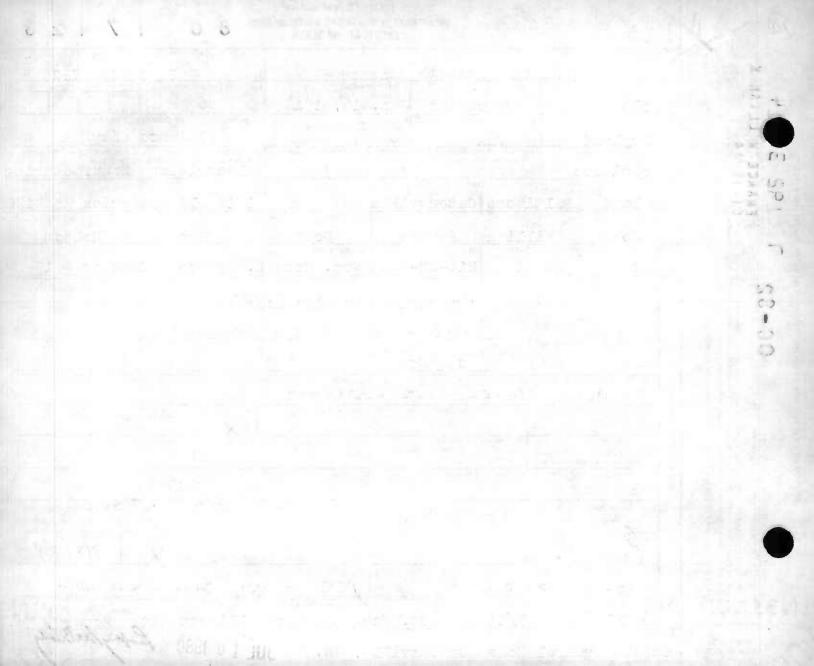


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME Kate Fouchs Viola (TYPE OR PRINT) 3. SEX DATE OF BIRTH 05 emale 9 BALTIMORE CITY OR COUNTY OF DEATH STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED COUNTRY) Virginia U.S.A. Baltimore City WIDOWED IL CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR INDUSTRY Baltimore Baltimore City Hospital Homemaker BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore 2748 Plainfield Road Maryland Dundalk 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIODLE William Hanks Snyder J. Mintie 17 INFORMANT 2748 Plainfield Road 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Fouchs - Balto. MD 21222 No 215-60-1349 APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one cause per line for A PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., any, which gove rise to immediate couse (a). stoting underlying cause SE OR CONDITION GIVEN IN PART 1(0) SIGNIFICANT CERTIFICATION 9a DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY IN CERTIFYING CAUSES OF DEATH? YES [NO 210 ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive an and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE DATE SIGNED ATTENDING MEDICAL PHYSICIAN | DIRECTOR PHYSICIAN PORTANT 22 ADDRES 22d PHYSICIAN NAME TYPE CARRIED should by 0 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE CITY OR TOWN 7/29/80 Holy Cross Pol. Nat. Burial Baltimore Maryland 24 FUNERAL DIRECTOR Duda-Ruck, Incapages DHMH - 16 60M 1/75 (VRA 15 (4)) Wise Avenue, Dundalk, MD 21222

20 01 45 1 The Mark of the Mark of the last

7 5 5 7 7 0 6			
only 21 % o		rederiok	we only
		e#1,	
vero executive	Market Market	A.E.U	Beelm
Lan Lechnichen Noppers Co	. 3/4 5	10 12 1139 Ibr	my.f., ao'
Hage South ave.	X	". of Las	
vedileo	fenni	5000	V1122
a Clos case tot wa			
Training, ear-litte	g ox Free		
MARKET BARRES TO			

	/	FOR	DEPA	STATE OF MA		IENE A ES	,	4 0 0
(10)	1.	STATE REGISTRAR		CERTIFICATE		B U	1/	4 2 8
		CEASED NAME FIRST	MIDDLE	LAST				YEAR 25 HOUR a
34			Lliam Kennet	h France			7 8 80	7:20 M
	3. SE	X	4 RACE	5 DATE OF BIRTH	YEAR	6 AGE JIN YEARS LAST BIRTH	HDAY) IF UNDER	DAYS HOURS MIN
age age		Male	Caucasian	Jan. 16	, 1914	66	YRS	
Par direction		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNT	MARRIED NE	VER MARRIED	9. BALTIMORE CITY OF		
Series 22		Maryland	USA	WIDOWED	DIVORCED [more Cit	
the string of th	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUF		INSTITUTION	126 USUAL OCCUPATE	WORKING LIFE) INDI	KIND OF BUSINESS OR USTRY
S Services		Baltimore	/ Johns Ho	pkins Hos	pital	Electric	ian Mar	nufacturing
Ped 22	130		OR OTHER INSTITUTION, GIVE RESIDENCE IN JINTY 13c CITY OR T		DE CITY LIMITS?	13e STREET ADDRESS	-	0.00
No the state of th			timore Caton	SVILLE YES	HER'S MAIDEN NA		Freder	ick Rd 2122
d wi	14. F7	ATHER'S NAME FIRST	MIDDLE	Is MOI	F#ST	WIDDLE		LAST
and and design	_	John W	Villiam Fra		Dora	Lee	2.0	Hobson
one e exe	160 (YES, NO OR UNKNOWN) (IF YES, GI	NE WAR OR DATES!					22 4 12
ste b		Yes Ww			s. Rose	B. France	Same	
hysic aper		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one cause per line for (a), (b) SED BY.	10-PULMO	1201 A	00-5-	95	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
ing poor ref		IMMEDIA	ATE CAUSE (0) CATCE	10-PULLO	104129 118	CES (
de de carte on, crau trau		5601	DUE TO, OR AS A CONSE	OUENCE OF	RATION	PUENMON	sia.	
the att move emat		Canditions, if any, which gave rise to immediate	(8)		271100	17020101		
W by		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE					
quires quires igned n pleae buria		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING		ATED TO THE TERM	AINAL DISEASE OR CONE	OITION GIVEN IN P	'ART 1(a)
v req v red en sig hen r to k ny in	N N	ACOTA	MYELOGENE					
ic lav	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS P	ERFORMED	20e AUTOPSY?	206. IF YES, WERE	FINDINGS USED AUSES OF DEATH?
The harmiene shoot	Ĭ					YES X NO	YES [NO [
VITA CIAN Cian. Cificat Infinat Hygin M 18	W	21e. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	DAY YEAR 216 HO	W INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR F	PART 2]
WOF VI	3	OR CONTRIBUTING CAUSE OF D	EAIH	19				
	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF		CATION	CITY OR TOW	/N COU	NTY STATE
MVISION DING P After th After th s the buu th and N marked	*	AT WORK AT WORK						
OR OR Heal			pital) attended the deceased ling		. 19 80			O, that (I) (we) last
AT pital for u			nat) view the bady after death.		(my) (aur) opinian	death accurred on the do		
DIR Ched Dept	ı	226 SIGNATURE	1	DEGREE	ATTENDING	MEDICAL STAF		C. DATESIGNED
by the by the ERALL ERALL State		Hay Mon	don	MD	PHYSICIAN [DIRECTOR PHYSIC		118180
HOSPITAL ined by the FUNERAL uld be detac n the State I		224 PHYSICIAN'S NAME (TYPE		22e AD		Eller Francis		1146.3
TO HOSPITA retained by the TO FUNERAL should be deta with the State		GARY (JORDON	100			2 HOLKING	4057
	23a	BURIAL, CREMATION, REMOVA		30 NAME OF CEMETERY		23d. LOCATION CITY OF TOWN	COUNTY	STATE
401 (BP		Burial	7/11/80	St. John	cemetery	Ellicott TE REC'D. BY REGISTRAR	City	Howard, Md.
DHMH-16 25M		UNERAL DIRECTOR	ADDRESS			1111 1 0 1980	THE WEST OF THE STATE OF THE ST	y / Cerudy
(VRA 15, 4) 1/79	Ma	cNabb Funera	al Home Cato	nsville,	via.	JUL I O 1304	,	



Tank (23, 1929 58 114 Manyland Cherles a Rison X Works th per not letter grantes shounds S. -14-275.----Terespond Inotherwaters A. ... Side the land the transfer of the side of A for Almer Sept about 1 ported by the forth a file of MENT STREET STREET STREET STREET STREET areas Set & 1,7 alus Lelast howseen Paragel Rolls . For chicay, Ma. JUL 9 1980 First Mally

20810

(VRA 15 (4))

LE RALL MALE A CHARLEST OF THE SECOND

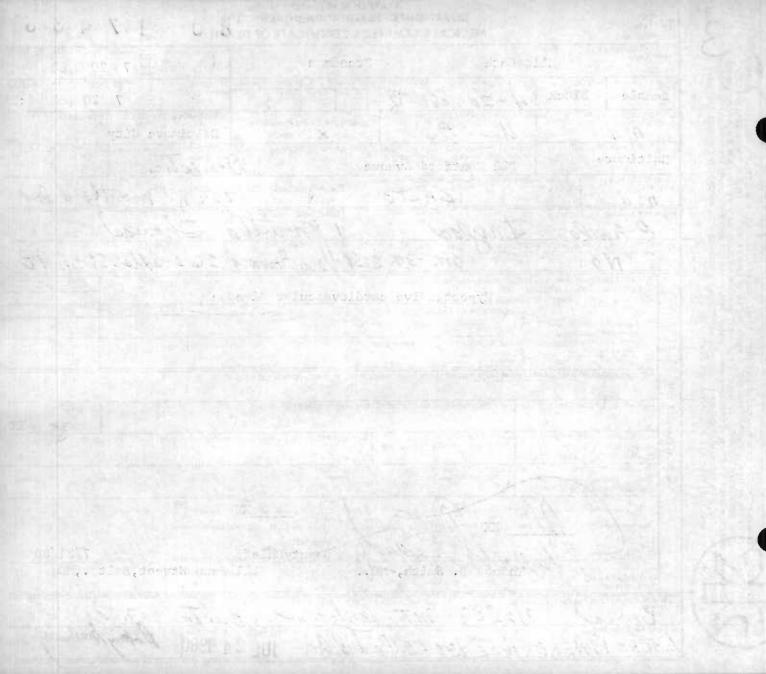
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2g. DATE OF DEATH I. DECEASED NAME CHARLES. G. FRANTEN MANI 80 (TYPE OR PRINT) 13 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS. 4. RACE 5 DATE OF BIRTH 3. SEX MONTH YEAR WHITE 1935 26 9. BALTIMORE CITY OR COUNTY OF DEATH TO CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY) USA Md. UPA WIDOWED DIVORCED 12b. KIND OF BUSINESS OR 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 10. CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BALTIMORE OFFICE MANAGER COMMERCIAL GOODS AMARITAN HOSPITAL. USUAL RESIDENCE (IF NUISING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 136. COUNTY 136. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e. STREET ADDRESS plac LOSRAC COURT 3. Balto. 3510 O TUBalto NO X MI 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME LAST MIDDLE MIDDLE Charles Franzoni Mary Demma 166 SOCIAL SECURITY NO. 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 212-32-5320 Doris L. Franzoni, SAME APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY LYMDHOMA IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION prior 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Hygiene YES [NOF 216. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21g. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from_ saw the deceased alive on 7113180. above, (I) (we) (did) (did not) view the bady after death and that in (my) (aur) a pinion death occurred on the date and hour and from the causes stated 224 DATE SIGNED DEGREE 226. SIGNATURE Ayelwin 13.86 ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN PORTANI 22e ADDRESS 224 PHYSICIAN'S NAME (TYPE OR PRINT) GOOD SAMARITAN HOSPITAL 23d. LOCATION 23¢ NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, REMOVAL 23b. DATE STATE COUNTY Balto., Md. Burial 7-17-80 250 DATE REC'D. BY REGISTRAR 256. RECYSTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 25M Leonard J. Ruck, Inc., 5305 Harford Rd. (VR A 15 (4)) 9/74



FOR		DEPARTMENT OF H	EALTH AND MENTAL HY	GIENE	17/	4 7 9
- STATE REGISTRAR	M	EDICAL EXAMINE	R'S CERTIFICATE OF	DEATH U	NO.	104
1. DECEASED NAME	FIRST	WIDDLE	LAST	2a. DATE KNOWN		Y YEAR 26. HOUR
(TYPE OR PRINT)	Ernest	J.	Prond on	OF ESTI-		5 19 80 M
3. SEX 4. RA	ACE 5. DATE OF BIRTH	6. AGE (IN YEAR			MONTH DAY	
Male B1	ack 6 10	YEAR LAST BIRTHDAY	Mottrio data nooks	PRONOUNCED DEAD	7 6	
BIRTHPLACE (STATE O		HAT COUNTRY?		- 9. BALTIMORE CIT		
South Caro			MARRIED NEVER MARRIES WIDOWED DIVORCES			
10. CITY OR TOWN OF D		SPITAL, NURSING HOME,		12a. USUAL OCCUPATION	ore City,	KIND OF BUSINESS
	(IF NOT IN SUCH I	FACILITY, GIVE STREET ACORESS)		FOR MOST OF WORKING LIFE)		OR INDUSTRY
Baltimore	NURSING HOME OR OTHER INSTITUTION,	i Hospital	M			
MARYLAND	13b. COUNTY	Baltimore	13d. INSIDE CITY LIMITS? YES NO	3412 Mondawi	nin Avenu	ıe .
14. FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN	NAME	15.53	LAST
Mitchell		Frazier	Janie		Jam	nes
160. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16b. SOCIAL SECURITY	NO. 17. INFORMANT	ADDRE	SS	St. Albam
Yes	(IF TES, GIVE WAR OR DATES)	247-16-773	4 James Fra	zier 19206	119th Ave	Queens, N
18. CAUSE OF DE	ATH (Enter anly ane cause per lin	ne far (a), (b), and (c).)			95	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
PART I DEATH	WAS CAUSED BY:	ranio-Cerebra	al Trauma		80	TWEEN ONSET AND DEATH
2 882	DUE TO, O	R AS A CONSEQUENCE O	F			O. 188-113
Canditians, if	f any, which				3 3 3	
	a immediate (b)	R AS A CONSEQUENCE O	F			
lying cause la		K AS A CONSEQUENCE O				
	ANT CONDITIONS CONTRIBUTING TO DEAT	N BUT NOT RELATED TO THE TERMIN	NAL DISEASE OR CONDITION GIVEN IN PART	1 (a).		
19a. DATE OF OPE 19a. DATE OF OPE 21a. EXTERNAL CA 21a. EXTERNAL CA 21b. EXTERNAL CA 21c. EXTERNAL CA 21d. EXTERNA	DATION TIME CONTIN	OITION FOR WHICH OPERA	TIONING PERFORMENT		Lac	ALITORGYO
S ING. DATE OF OPE	RATION 198. CONL	III ION FOR WHICH OPERA	TION WAS PERFORMED?		20.	Head Only
21g. EXTERNAL CA	LUCE WAS ON THAT	DE IN LILIANY	21c. HOW INJURY OCCURRED		397	YES X NO
UNDERLYING	OR HOUR AS	FINJURY MONTH DAY YEAR		A Part of the Control	18 PART : OR PART 2)	
S CONTRIBUTING	CAUSE OF DEATH 9:20 P.		Subject fell	from porch		
21d. INJURY OCCU	CAREET A.	OF INJURY (AT HOME.	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
WHILE AT WORK AT	WORK ho	me	3410 Mondawmin	Ave., Baltin	iore	Md.
22g I certify th	at I taak charge of the remains d	escribed abave, held an	Autapsy X, Inspection	, Inquiry ,	and in my apinian	
death resulted fro		Accident X Suid		Undetermined manner	7.	
dealli resolled in	in. (voiorarcaoses,	Accident Bab, Out	TITLE (SPECIFY)			
ACTUAL	Inama LA	Man	Assistant	MEDICAL EXAMINER	DATE	7/6/80
SIGNATURE	A Commander	war.	M.D.	MEDICAL EXAMINER	SIGNED.	3 3050
EXAMINER'S NAM	Virginia L.	Dolan, M.D.	ADDRESS	111 Pe	enn Stree	t
23a. BURIAL, CREMATION		23c. NAME OF CEM	ETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
Buria		0 King Mer	morial Park			
24. FUNERAL DIRECTOR			25a. DATE RE	Baltimore	STEAR'S SIGN	ATTRE
Wm. C. Ma	rch F.H. 1101	E. North Ave	enue JUL	9 1980	rolling /	Cready

	\$1			
0.01	4.300		: 6 / 1	
				2.10
. ell are lite				784
		latinged by		zouldine.
				191A
		HATCH TINCAL		
	a Alla uccur		O.C.	
w.1.1.	my stronger 3	36.1		
1.51	Androne Committee		No. of the last	
Stored made I'll				
A DANGER OF THE SECOND	SC III			

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR DECEASED NAME DATE KNOWN ... DAY OF ESTI-(TYPE OR PRINT) Elizabeth Freedman 10 80 SEX 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d. HOMR PRONOUNCED female. black. 08 20 , 80 DEAD // YRS To. BIRTHPLACE (STATE OR OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City WIDOWED A DIVORCED SHOULD BE FILED, 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 17b. KIND OF BUSINESS Baltimore 822 Montford Avenue USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY 13d INSIDE CITY LIMITS? AND 2 S 14. FATHER'S NAME INFORMAN DIVISION (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Hypertensive cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? VARDED TO THE CHII AGE 3 SHOULD BE US ATE DEPARTMENT OF 201 PRIOR JO BURIAL, YES NOXX 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 218. PLACE OF INJURY (AT HOME, II. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE AT WORK XX MARYLAND, PAGE 4 SHOULD BE TO FUNERAL DIRECTOR AFTER DEATH, WITH T death regulted from Undetermined manner TITLE (SPECIFY) ACTUAL DeputyChief EDICAL EXAMINER 7/21/80 SIGNATURE IMORE, Smith, MD/. 111 Penn Street, Balto., MD EXAMINER'S NAM (TYPE OR PRINT 23g BURIAL, CREMATION REMOVAL 23c, NAME OF CEMETERY OR CHEMATORY 23d. LOCATION STATE BP 24. FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR 25b. REC **DHMH-17** VR A15 ME (5) 15M 7/77



A =	FOR STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	001111
1 2	REGISTRAR DECEASED NAME FIRST TYPE OR PRINT) BB/ELT	David MIDDLE LAST ZABETH Daniel FREET	REG. NO. 26 DATE OF DEATH MONTH DAY YEAR 25 HOUR 2:27px
	Male	4. RACE S. DATE OF BIRTH White June 27, 1975	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
	BIRTHPLACE STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	
1 23	CITY OR TOWN OF DEATH Baltimore	11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS) The JOhns Hopkins Hospital	120. USUAL OCCUPATION 17b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Infant
	USUAL RESIDENCE (# NURSING HOM 130. STATE 130.CC	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFÖRE ADMISSION] 136. INSIDE CITY OR TOWN Mechanicsburg yes NO E	6217 Whitehill Dr.
100 m	A FATHER'S NAME FIRST David	MDDLE E. Freet Einza	beth strite
10 HR X 3	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT GIVE WAR OR DATES	ADDRESS
for require, that the distribution of the or many than places remove the property, or other ten	Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost PART 2. OTHER SIGNIFICAN 9a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	DUE TO OR AS A CONSEQUENCE OF	200 AUTOPSY?, 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
CLAN The physical property of the 18 No.	OR CONTRIBUTING CAUSE	DEATH HOUR A.M. MONTH DAY YEAR	YES NO YES NO COURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
O PHYSI otherding her this or is the bur the ded or the	(IF EITHER, NOTIFY MEDICAL EXAMI	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN COUNTY STATE
to be ATTENDED to the hospital or stocked for use or stocked for use or Health of Health (14 from 2) is might	sow the deceased alive	pospital) altended the disceased from	
O HOSPITAL O FUNERAL O SUNERAL MANUAL DE deta WHORTANILA	22d. PHYSICIAN'S NAME (TY	GEORPRINTI A. TAYVOR, U.S. Toler	es Nophins Nospital.
BP	23a. BURIAL, CREMATION, REMO	236. DATE 236. NAME OF CEMETERY OR CREMA	TORY 236 LOCATION COUNTY STATE
DHMH - 16 50M 7/77 (VR A 15 (4))	24 FUNERAL DIRECTOR	ADDRESS 25	O DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Carlo Zania Carlo Barrella marcanana municipalita alder to angle THE DESIGNATION OF THE PARTY OF

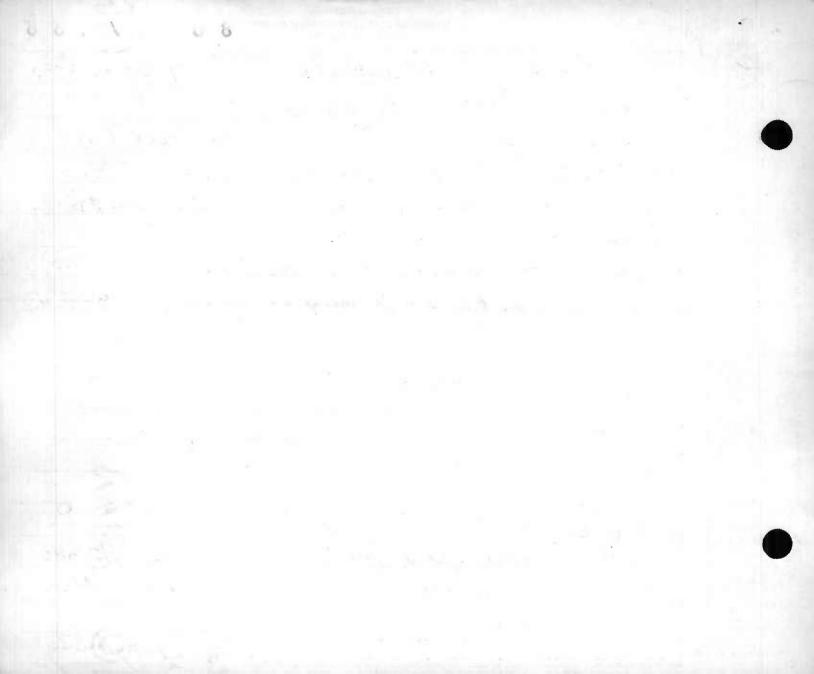
//1-	FOR STATE			EPARTMENT	OF HEAL		NTAL HYG	34	1	7	4	3	5
1. DI	REGISTRAR	FIRST	WED	MIDDLE	MINER'S	LAST	ATE OF I		REG. NO	MONTH	· DAY	YEAR	26. HC
(1)	PE OR PRINT)	Emanue	el SANT	os	Fre	itas		OF DEATH	ESTI- MATED	7	30 19	90	18.110
3. SE	X Male	4. RACE	S. DATE OF BIRTH		BIRTHDAY) MO		HOURS MI	HRS. 2c. DATE PRONOUN DEAD	1CED	MONTH 7	31	YEAR 80	5:2 P
a E	BIRTHPLACE (ST OREIGN COUNTRY) MASS		76. CITIZEN OF WH.	AT COUNTRY?		RIED NEV			ORECITY OF Baltin		TY OF DEA	TH	P
10. 0	Baltimo	OF DEATH	11. NAME OF HOSP	PITAL, NURSING ILITY, GIVE STREET ADD Pratt	HOME, OR O			USUAL OCCUI	PATION (TYPE	OF WORK	126 KIND		
			OTHER INSTITUTION, GIVE		DMISSION)	13d. INSIDE CIT		STREET ADDRE					
I4.F	ATHER'S NAME FIRST EDWARD	FREITAS	MIDDLE	LAST		IS. MOTHER	SUINA	IAME	IDDLE		LAST		
160.	WAS DECEASED YES, NO, OR UNKNO	EVER IN U.S. ARM	ED FORCES? 'AR OR DATES)	036-14-		17. INFORM.		PHY PAWT	ADDRESS UCKET	R.I.			
	gave ris cause (a) lying caus	s, if any, which to immediate stating the under-	DUE TO, OR A	Arterios As a conseque AS a conseque UI NOI RELATEO 10 10	NCE OF				sease				
CERTIFICATION	19a. DATE OF			ON FOR WHICH							20. AUT	OPSY?	
	UNDERLYING	L CAUSE WAS		MONTH DAY	YEAR	HOW INJURY (OCCURRED (E	ENTER NATURE OF INJ	IURY IN ITEM 18 PA	ART 1 OR PA			NO
MEDICAL	21d. INJURY O WHILE AT WORK	CCURRED NOT WHILE AT WORK	21e. PLACE O	F INJURY (AT HO DRY, FARM, ETC.)) 21f. L	OCATION STREET		CITY OR TO	WN	cc	DUNTY	Y.	STAI
		y that I took charge d from: Natura	of the remains described in the remains descri	Accident ,	Suicide [Hamicia TITLE (SP	ECIFY)	Indetermined mo	onner ,	DATE SIGN	ED_ 8/	1/80)
23a. E		ION,REMOVAL 23	6. DATE 8/8/80		F CEMETERY	OR CREMATO	RY 2	I LOCATION	KET R.	I. cou	YTM	STA	ATE
24 F	UNERAL DIRECT	TOR	322 S. H	IIGH ST.	BALTO		SO. DATE REC'	D. BY REGISTRA	R 256. REGIS	TRAR'S	SIGNATURI	soly	

68 7 3 30	nating) - LUNE	and Televisian
		225
NATIONALE AND A	SETT STAFF.	ger and the second by
In arothes Lagger		
SUEN HOUSTA		Elizary Line
C. C. L. R. DELGONES, YES WELL		
Paragon de Company		

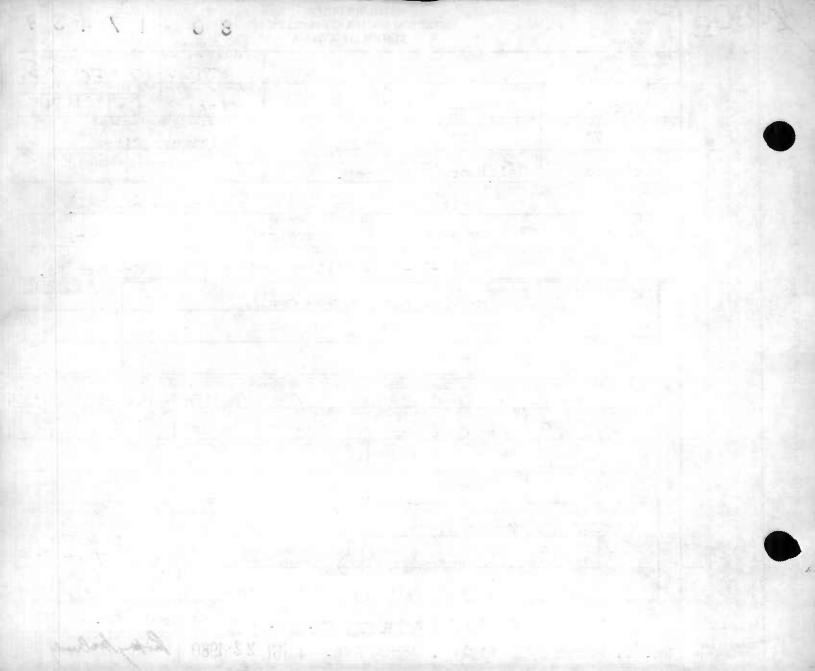
Antitia alles tentit only it is a recommendate scoretion by force 231 - - - 19802 learn to U. Property Co. Carton Bushat Eglycystic kidneys with carrests remail fallers Arterioscierocic cardioayeacular diamensa . West Church Char. EAS MURE ELECTION LIGHT TO THE MILE MILE ALL WAS BUILD BOOK

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME FIRST LAST 24 DATE OF DEATH MONTH 26 HOUR TYPE OR PRINT LEROY FRIDLEY TIII.Y 12 1980 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX 4 RACE 5 DATE OF BIRTH MONTH DAY YEAR DAYS HOURS MALE WHITE 28 YRS BALTIMORE CITY OR COUNTY OF DEATH Je: BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY U.S.A. WEST VIRGINIA WIDOWED DNORCED | BALTIMORE CITY 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESSI (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE REC. SUPERVISOR STATE OF MD. JOHNS HOPKINS HOSPITAL MSUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION) 13e STATE 1136 COUNTY 13c CITY OR TOWN 134 INSIDE CITY LIMITS? 130 STREET ADDRESS MARYLAND LANSDOWNE 3175 SHILOH COURT, 21227 BALTIMORE YES | NO X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST LAST MIDDLE MIDDLE FIRST TRA FRIDLEY MADGE HECKERT ADDRESS 4e WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO LYES NO OR LINKNOWN) IF YES, GIVE WAR OR DATES! ANNE D. FRIDLEY 3175 SHILOH COURT, 21227 YES WWII & KOREA 235-40-5078 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic). PART I. DEATH WAS CAUSED BY 3 days IMMEDIATE CAUSE (a) DUF TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the AS A COMSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28e AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOT YES D NO I 216 TIME NJURY 210. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR AM MONTH DAY YEAR Mental OR CONTRIBUTING CAUSE OF DEATH MEDICAL I # EITHER, NOTIFY MEDICAL EXAMINER) 11 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from 19.80 and that in (my (aur) apinian death accurred an the date and hour and from the causes stated saw the decored alive on abave, (1) (we) ((did) (did nat) view the bady after death 176 SIGNATURE 22c DATE SIGNED DEGREE TO FUNERAL E should be detach with the State D ATTENDING MEDICAL STAFF MPORTANT PHYSICIAN DIRECTOR PHYSICIAN 4 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS SIEBENS 23e BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION ST. COLUMBKILLE SENECA FALLS SENECA BURIAL 07-17-80 24 FUNERAL DIRECTOR BALTIMORE, MD. 21229 DHMH-16 25M (VRA 15, 4) 1/79 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

The second secon Avail to the flower The same of the same of



77		FOR		AIL OF MAKTLAND	IENE 25 ()	1 7 4 3
	-	1 - STATE REGISTRAR		FHEALTH AND MENTAL HYGI IFICATE OF DEATH	REG. NO.	1 % ~1 0
	Ī	DECEASED NAME FIRST	MIDDLE	LAST	2R. DATE OF DEATH MO	NTH DAY YEAR 26 HOUR
et 23		TYPE OR PRINT! MARY	L. FRISE	3V	JULY	17 1980 91
ed a	4	SEX /	4 RACE S DATE	E OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	(Y) IF UNDER 1 YEAR IF UNDER 24
s action		Female	Negro I	8 05	75	YRS. DAYS HOURS
1 dir	2 - 17	R. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	RIED A NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
72 n 72	3	VA	USA	WED DINORCED	Baltimo	ce City
by the fulled within		Baltimore /	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore City		128 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WI	
led in 1 be fill	1	JSUAL RESIDENCE (IF NURSING HOME OF 3R STATE 1136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIO	H4)	13n. STREET ADDRESS	1
fille uld b	35	MD	Baltimore	YEXIX NO		ge Farm Rd.
shore		FATHER'S NAME		15 MOTHER'S MAIDEN NAM	ME	
and 2	30	David	Threat	Margar	et	Davis
5- E	7	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECURITY NO	. 17 INFORMANT	ADDRESS	
Pages , the	1	IYES, NO PRUNKNOWN) (IF YES, GN	214-14-22	69 William F	risby 2428	LodgeFarm Rd.
ers. F	-	IL CAUSE OF DEATH (Sales)	inly one couse per line for (o), (b), and (c).		1	APPROXIMATE INTERVA
phys pape emov		DART DEATH MAKE CALIS	ED BV	- INFARCTIC	inl	RIWER ONSET AND DE
ending ph carbon pa on, or rem traumatic		IMMEDIA	TE CAUSE (0) MYOCLARDIAL	INFARCIC		
endi carb on, o		1410-	DUE TO, OR AS A CONSEQUENCE OF			
move ematio		Conditions, if ony, which	(b)			
- a -	- 1	gove rise to immediate couse (0), stating the	DUE TO, OR AS A CONSEQUENCE OF			
ase real, co	- 1	underlying couse lost	(6)			
gned pleas burial		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PART 1(0)
to to	- 1	PERIPHERAL	L VASCULAR DIS	BARE WITH	BILATERAL	- B.K. AMPUTATI
is bee prior ws an		PERPHERAL 190 DATE OF OPERATION 6/15/80 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERAT		200 AUTOPSY? 2	DE IF YES, WERE FINDINGS USED
e has b permit, ene pri shows	91	6/15/80) CANCETTE	- Detat		CERTIFYING CAUSES OF DEATH
vgie	4	21a. ACCIDENT WAS UNDERLYING	7 216 TIME OF INJURY	71T HOW INJURY OCCURR	YES NO	YES NO
is certifica al-transit ental Hyg or Item 18	7	OR CONTRIBUTING CAUSE OF OF			CED TENTER NATURE OF INJURY IN	TIEM IS, PART FOR PART 2)
is ce ral-t lents	/	I IF EITHER, NOTIFY MEDICAL EXAMINER	p.M. 15			
bur th	(IF EITHER, NOTIFY MEDICAL EXAMINER 214 INJURY OCCURRED	21R PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.]	211 LOCATION STREET	CITY OR TOWN	COUNTY STAT
OR: After this certificate hause as the burlal-transit perm Health and Mental Hygiene I is marked or Item 18 sho	1	WHILE ONOT WHILE O	, and a second of the second o			
PR: Passes as	- 1		oital) attended the deceased from	= 27 10 80	10 JULY 1	7 19 80 that (1) (we
- 4		sow the deceased alive a		/	deoth occurred on the date	and hour and from the causes state
			ot) view the body ofter death.		/	
		IIB. SIGNATURE	2 1		MEDICAL STATE	THE DATE SIGNED
AAL etae ate		Jell .	y I much	MY PHYSICIAN [DIRECTOR PHYSICIAN	10 7/17/80
P St TAI		THE PHYSICIAN'S NAME THE	CR PRINTS	22n ADDRESS		
The Roll		SAIII	1 TRUED MA	922111.	University	Pkyry. Ant A
Short MIN P) F (CC)		100000		
	1	(SPECIFY)			CITY OF TOWN	CO MI
	- 1		1//21/80 Arbu			BASSPAR'S SENATURE
	-	4 FUNERAL DIRECTOR				
TO FUNERAL DIREC should be detached for with the State Dept. or IMPORTANT: If I tem		776. SIGNATURE THE PHYSICIAN'S NAME (THE SALL) 30. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	TRUED MD	228 ADDRESS 927 W- CEMETERY OF CREMATORY tus Mem. Pk.	University 1334 LOCATION ENT OFFICE Baltimore	Pkwy. Ap



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME 28 DATE OF DEATH MONTH Froncek Paul Τ. (TYPE OR PRINT) Pau Francek 3 4 RACE 6 AGE (IN YEARS LAST BIRTHOAY) 3 SEX Male White 1913 67 TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE STATE OF FOREIGN MARRIED NEVER MARRIED Baltimore City. U.S.A. Pennsylvania WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR Baltimore City J.S. Young Extract Co. "Hospital's Baltimore DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Dundalk 13d INSIDE CITY LIMITS? 1744 Leslie Road 21222 Baltimore Maryland 4 FATHERS NAME 15 MOTHER'S MAIDEN NAME MIODIE MIDDLE Kacmancik Froncek Michael Rose 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 449 Putty Hill A (IF YES, GIVE WAR OR OATES) Mrs. JoAnn Vincent 213-07-849 Balto. Md 21204 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 OR AS A CONSEQUENCE OF C.V. A. brainste m Conditions, if any, which gave rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY ă CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 80 22a.f certify that (1) (this hospital) attended the deceased from 😕 🗅 and that in (my) (our) opinion deoth occurred on the date and hour and from the couses stated sow the deceased alive on, above, (1) (we) (did) (did not) view the body ofter death DEGREE 22r DATE SIGNED ATTENDING MEDICAL PHYSICIAN | DIRECTOR | PHYSICIAN MPORTANT should be a with the Sta Baltimoro Cety Hospital 0 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL Burial Ball'timore, Maryland 7/15/80 Gardens of Faith 250. DATE REC'D. BY REGISTRAR 256. DESISTEAR'S STANDARE 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 Duda-Ruck Funeral Home of Dundalk, Inc (VR A 15 (4))

STATE OF MARYLAND

. The parenty of the service of the THE RESERVE OF THE PERSON OF T

	1/	1	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	0 0	17441
	P	T	DECEASED NAME FIRST	MIODLE	LAST	REG. NO. 2a. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
3	n f		(TYPE OR PRINT) CATHE	RINE L	FRYE	JULY 13 198	
0s 4 may	6	3	SEX FEMALE	1 RACE BLK	S. DATE OF BIRTH MONTH DAY YEAR 12 2-6 1912	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYEAR FUNGER 24 HRS
0		15	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	16 CITIZEN OF WHAT COUNTS		9 BALTIMORE CITY OR COUN	
OI or of the	by the fur of worthing ft. pr. no.	33	BA 1 to	11. NAME OF HOSPITAL, NUR INFROST IN SUCH FACILITY, GIVESTI JOHNS HOP	ISING HOME OR OTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR
IND 212	filled in lid to till finer, my	15	JSUAL RESIDENCE (IF NURSING HOME O 30 STATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BE INTY 13c. CITY OR TO Bac 1		130 STREET ADDRESS	Park lake Drive
MARYLA uted with	mpletaly nd 2 tho	00	FATHER'S NAME FIRST Edward	MIDDLE LAST	15. MOTHER'S MAIDEN N.		SMITH
MORE.	N Page 1 se me	1	ME WAS DECEASED EVER IN U.S. AF	VE WAR OR DATES)	ECURITY NO 17 INFORMANT	LINS 2405 t	Hermosa
201 W. PRESTON ST., BALL	Ly the attending phy the rest of carbon papers and cremotion, or removal corrections to construct the contraction of the carbon papers traumatic		PART I DEATH WAS CAUSE	DUE TO, OR AS A CONSE	OUENCE OF ABOUT IMBALANCE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RECORDS, 20	been signed it. Then plea grier to burial vs any injury,		PART 2 OTHER SIGNIFICANT REMAL FAIL 150 DATE OF OPERATION JULY 3, 1980 210. ACCIDENT WAS UNDERLYING	WEE . SEPSIS	TO DEATH BUT NOT RELATED TO THE TER	20a AUTOPSY? 20b. IF Y	YES, WERE FINDINGS USED
## H	nte has b permit iene pri	2	JULY 3, 1980	ULCERS Z° VOT	nous stasis clisease		TIFYING CAUSES OF DEATH? YES NO NO
OF VITA	ng physician. Ithis certificate ha Irrial-transit, perm Mental Hygiene.	- /	OR COLUMN THE CALLET OF OF	216. TIME OF INJURY HOUR A.M. MONTH	21c HOW INJURY OCCU	RRED JENTER NATURE OF INJURY IN ITEM 1	8, PART I OR PART 2)
C C CING PP			I F EITHER, NOTEY MEDICAL EXAMINER 216. IN JURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF		CITY OR TOWN	COUNTY STATE
TACS: ATTEN	retained by the hospital or a TO FUNERAL DIRECTOR: should be detached for use a vith the State Dept. of Heal MPORTANT: If Item 21 is		saw the deceased alive ar above, of (we) (did) (did) 22b. SIGNATURE). Mandel	DEGREE M.D., ATTENDING PHYSICIAN	n death occurred an the date and h	1980, that (I) (IIII) last lour and from the causes stated 22c DATE SIGNED JULY 13, 1980
) HOSPI	retained by the TO FUNERAL should be detact with the State C	1	ROBERT J		JOHNS HOPLE	ins Hosp 600 m.	BROADWAT.
13		. 2	30 BURIAL, CREMATION, REMOVAL (SPECIFY)	7-18-80	3. NAME OF CEMETERY OR CREMATORY Ar bu tus	·	COUNTY STATE
	DHMH-16 25M (VRA 15, 4) 1/7	1	1 FUNERAL DIRECTOR	ADDRESS		TE REC'D. BY REGISTRAR 256. REG	infling the Breaky

with the branch

				10			STATE	OF MARYLAND				
				1	FOR STATE	DEPART	MENT OF H	ALTH AND MENTA	AL HYGIENE S	3 0	17	4 4 2
			X	1	REGISTRAR		CERTIFI	CATE OF DEATH		I REG. NO).	
					CEASED NAME FIRST	MIDDLE	LA	ST	20 DA			YEAR 2b HOUR
		be 3	death	(117)	ORPRINT) Then d	Ful	tow				7-2-	80 6:10 M
		you	9	3. SE	4 RAC		5 DATE O			(IN YEARS LAST BIRTH		EVEAR IF UNDER 24 HR
		ge 4		1	male 1	Black	MONTH 15	- 4 - 13		66	YRS	DAYS HOURS MIN.
-		Po I	19	7a B	RTHPLACE ISTATE OR FOREIGN 76 CT	IZEN OF WHAT COUNTRY?	MARRIED	NEVER MARRIE	9 BAL	TIMORE CITY OF	R COUNTY OF DEA	ATH
		leath	业会师	W.	495/ree S.C. L	1,S,A.	WIDOWE	DIVORCE	D D VSA	.HI more	E	MD
		ler d	强。图约	3 10 C	OR TOWN OF DEATH	AME OF HOSPITAL, NURSIN	NG HOME O	OTHER INSTITUTIO	12a US			KIND OF BUSINESS OR
5		s of	1.07	713	Altimore Pr	ovident Hosp	ital	o o loerly	Ret	red ru	ek	JOHN
MARYLAND 2120		hour	1 3/	JUSU 13a	AL RESIDENCE (IF NURSING HOME OF OTHER TATE 136 COUNTY		RE ADMISSION)	13d INSIDE CITY LIM	UTC2 12. CT	REET ADDRESS		
N O		24	(a g	N	Aryland	BAHIMO	YLE	YES NO [37 Yosm	ite AVE	
YLA		thin year	2 sh		THER'S NAME	5		15 MOTHER'S MAID		1		
AAR		w b	pud 5	016	MIDDLE	+ULTO	V	CANA		MIDDLE	Malli	ster
		cute	2 0	16a \	VAS DECEASED EVER IN U.S. ARMED F	ORCES? 166 SOCIAL SECT	URITY NO.	17 INFORMANT		ADDRE	3237.	51-
BALTIMORE,		e exec	Poges	(ES, NO O UNKNOWN) (IF YES, GIVE WAR O	2 (5-10-	7622	Mrs. Heav	rbina	TOHON	Vasmite	AVE
ALT		ote b	opers vol.		18 CAUSE OF DEATH Enter only one	cause per line for ja , ibi, ar	nd c	4			. BE	APPROXIMATE INTERVAL
		tifice phy	a 0 5		PART I. DEATH WAS CAUSED BY IMMEDIATE CAL	Canl	iac A	rest				
N S		o cer	corbo , or re		1110	UE TO, OR AS A CONSEOU	ENICE OF					
STO		tend	o do un		Conditions, if any, which	b) Carona	-	NSuffici	ency			
8		he de	mat		gove rise to immediate	10)	J					
≥		by to	othe		underlying cause last	UE TO, OR AS A CONSEOU	aru . A	vtery Di	scase.			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST		es t	pleo uria		PART 2 OTHER SIGNIFICANT COND			NOT RELATED TO TH	IE TERMINAL D	ISEASE OR COND	DITION GIVEN IN P.	ART I(o)
- S	Marin .	a signif	Then to bi	NO	SID NOT							
0		× dee	prior ony	- E	19a DATE OF OPERATION	96 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	200	AUTOPSY?	20b. IF YES, WERE	FINDINGS USED
I RE		ne lo no.	ws ws	CERTIFICATION					YES	ONO D	YES T	AUSES OF DEATH?
II A						16. TIME OF INJURY		21c. HOW INJURY C				ART 2)
OF.		SICIAN: Ting physicia			OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH D	AY YEAR					
NO		ding	burial-t Mental ar Item	MEDICAL	21d INJURY OCCURRED 21	Ie. PLACE OF INJURY		211. LOCATION				
151		ten the	ed on	X	WHILE NOT WHILE AT WORK	AT HOME, STREET, FACTORY, OFFICE,	FARM ETC.)	STREET		CITY OR TOW	N COUN	NTY STATE
ā		Or o	olth o			tended the deceased from	7/3	480 10	to	1/2/80	19	that (I) (we) last
		TEN TOR	f He		220. I certify that (I) (this hospital) of saw the deceased alive on above, (I) (we) (did) (did nat) view	4 Am BULANCEGON		d that in (my) (our) 8	pinion death a	ccurred on the do	ite and hour and fro	om the couses stated
		OR ATTE	hed f		above, (1) (we) (did) (did nat) view 22b. SIGNATURE	the bady after death.		DEGREE			220	DATE SIGNED
			. = 0		Nigel E.L. Joe	Knum M.)		ATTEND	DING MED	ICAL STAF	F	26/00
		HOSPITAL	should be deta with the State	-	22d. PHYSICIAN'S NAME (TYPE OR PRINT)			22e ADDRESS	IAN DIKE	CTOR PHYSIC	IMIN LAL	110/80
		O HOSI etoined	should b with the IMPORT			TACKMAN		PROVIDE	NT 11	030,101	, 2600 LIL	BERTY HEHT.
		Teto T	S & M	22-			NAME OF C	METERY OR CREMA		LOCATION	1 2000	13aL TIMO
11	1	0.0		1	SPECIFY) o 2	-7-80 B	-11:	1	0	CITY OF TOWN	COUNTY	A DI STATE
151	1	BP			Uria //	1 00 0	Altimo	W Comet		ATTIMON.	25b. REGISMRAR'S S	IRY AND
	D	HMH - 16 6			MAM J. Spice	- 163¢00RM	Broad	1 A .		3 1980	this letter	Balled

			STATE OF MARYLAND		
G	FOR 1 - STATE	DEF	PARTMENT OF HEALTH AND MENTAL HY	GIENE 8 0 -1	17,4,4/3
	REGISTRAR Margar	et G. Funk	CERTIFICATE OF DEATH	REG. NO.	100481
	1 DECEASED NAME FRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
pe 3	Mar	galet G	Funk	1,-	31,80 455 PM
a a a	3 SEX	4 RACE	5. DATE OF BIRTH	6. AGE JIN YEARS LAST BIRTHDAY)	F UNDER 1 YEAR FUNDER 24 HRS
age 4	emale	(whit	(e) 1/ 30 /4	65 YRS.	MONTHS DAYS HOURS MIN
a a hodi	70. BIRTHPLACE ISTATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
deat 72 ified	New York	USA	WIDOWED DIVORCED	(5 5)	MD.
ithir	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	TURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12h KIND OF BUSINESS OR
O urs a urs a w by the ed w	12 alti word		salf. Gen. Hoy	Housewife	Home
24 ho 24 ho ed in be fill	USUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE		III. STREET ADDRESS	10
thin 2 thin 2 ould b	M Bal	timore Dund		1621 Gray	Place, 2/22
with with shou	14. FATHER'S NAME	MIDDLE LAS	IS. MOTHER'S MAIDEN N	AME	LAST
, MARYLAND cuted within 2 and 2 should the	Leo -		nton Mary	Kribertely	Kline
execu d com s 1 am	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES, O		SECURITY NO. 12 INFORMANT	ADDRESS	45550
BALTIMORE, ificate be executionally ysician and co pers. Pages 1 a oval.	No -	125-	01-3376 Mr.	2 Summit Drive	tevens Pa
ALT icate icate sicia ers. val.	18 CAUSE OF DEATH (Enter	only one couse per line for (a), (· 1 · 1	APPROXIMATE INTERVAL
	PART I. DEATH WAS CAU	SED BY: ATE CAUSE (o)	Vyocartal	. infastebia	Sudden
death cert cending ph carbon pa on, or rem traumatic	410-	DUE TO, OR AS A CON	SECULENCE OF	. /	
e de atten ve ca trion er tre	Conditions, if ony, which	(16) Cul	emselecte &	and clear	(
W. PRES	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF		
I W	underlying couse lost.	(6)	320021102 01		
equires equires igned la pleasificijury, injury,	PART 2 OTHER SIGNIFICAN	CONDITIONS CONTRIBUTIN	G TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE/OR CONDITION GI	VEN-IN PART 10
w re en si Then or to nny i	& open	& for che	decystectan ?	& color re	secuery.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., DING PHYSICIAN: The law requires that the death cer titending physician. After this certificate has been signed by the attending pliss the burial-transit permit. Then please remove carbon p its hand Mental Hygiene prior to burial, cremation, or ren marked or Item 18 shows any injury, or other traumatic	190 DATE OF OPERATION 730 210. ACCIDENT WAS UNDERLYING	19 CONDITION FOR V	WHICH OPERATION WAS PERFORMED		S, WERE FINDINGS USED
4 OF VITAL RE 14 YSICIAN: The physician. is certificate ha lal-transit permitmental Hygiene fental Hygiene for Item 18 sho	§ 7/30	Gall Sta	nes, limer colon		ES NO
VITAN CIAN Ician. Lifticat Insit punsit puns	210. ACCIDENT WAS UNDERLYING		H DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18,	PART 1 OR PART 21
YSH YSH Shys shys	OR CONTRIBUTING CAUSE OF E	EAIN	19		
NVISION OF VI DING PHYSICIA Rending physicia After this certifis is the burial-trans th and Mental H marked or Item	(IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, C	211 LOCATION STREET	CITY OF TOWN	COUNTY STATE
Afte the nark	WHILE NOT WHILE AT WORK	(A. HOME, SIREET, PACTORY, C	orret, room, tic)		
TTENUT OF ALL OF	22a.1 certify that (1) (this has	pital) attended the deceased	from 7/30/ 19 07) to 7/3/	, 19, that (I) (we) last
2 5 5 5 c	sow the deceased alive obove. (1) (we) (did) (did	on 7/2/ not) view the body after/death.	19 . and that in (my) (our) opinion	n death occurred on the date and ha	ur and from the couses stated
L OH A e hospi L DIRE coched fo Dept.	226. SIGNATURE	1	DEGREE		22c. DATE SIGNED
4 4 2 5 5 F	Heriou +	ty our	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	
NER VER	224. PHYSICIAN'S NAME (TYPE	OR PRINT	22R ADDRESS	11	10 0.10
TO HOSPITAL TO HOSPITAL TO FUNERAL should be detact with the State IMPORTANT:	Dr. KOSI	14.	South 12	alt. Gen	HOSP Ital
TO FI Should with IMPO	230. BURIAL, CREMATION, REMOV	AL 23b. DATE	23c NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY
BP	Burial	8/4/80	Holly Hill	White Marsh	Balto Md.
	24 FUNERAL DIRECTOR		250. DA		PAR'S SIGNATUR
DHMH-16 25M (VRA 15, 4) 1/79	Duda-Ruck I	nc. 7922 Wi	ise Ave. 21222	0 1300	7

The same and about

REGISTRA		RST			XAMINI	ER'S C		ATE OF	DEADH	: K	G. NO.	7 4	4 4	4
(TYPE OR PRINT)	I	RACHELE		NNE		FU	SCO			ATE KNOV OF EST ATH MAT	-	7-30	1980	2b. HOUR
female	* RACE	2 4	18	YEAR 80	6. AGE (IN YEA LAST BIRTHDA' 3mon YR:	Y) MONTHS		HOURS N	IN. PRON	DATE NOUNCED DEAD	M	7-30	YEAR 19 80	a M
70. BIRTHPLACE FOREIGN COUN Marylai	$\mathbf{r}^{TRY)}$		S.A.	AT COUN	TRY?	8. MARRIE	_	ER MARRIED DIVORCED	K	Baltin		City	DEATH	MD
10. CITY OR TO Balti	more		ME OF HOSE Agnes		SING HOME, REET ADDRESS)	OR OTHE	R INSTITUTI	ON II	e. USUAL O	CCUPATIO F WORKING LII			IND OF BU OR INDUSTE	SINESS
USUAL RESIDER 13a. STATE Marylar	rd	HOME OR OTHER IN	NSTITUTION, GIVI	13c. CITY	or town imore		3d. INSIDE CITY		e. STREET A		rne R	d.		9.14
James	5	M .		F	usco		FIR	S MAIDEN		MIDDLE Jea:	n		lings	,
YES, NO, OR U	ASED EVER IN U.	S. ARMED FOI S. GIVE WAR OR D.	RCES? ATES)	166 SOC	IAL SECURITY	NO.		tte M.	Poe		A11	Saint	Road	
gave caus lying PART 2 OTH	litions, if any, s rise to imme e (a) stating the u cause last.	which ediote ander-	(b)OUE TO, OR A	AS A CON	SEQUENCE O	F			(0).					
19a. DATE	OF OPERATION		19b. CONDITI	ON FOR V	VHICH OPERA	TION WA	SPERFORM	ED?			Pig	20.	AUTOPSY?	
UNDERLY	ING OR		HOUR A.M.		DAY YEAR	21c. HO	W INJURY C	OCCURRED	ENTER NATURE	OF INJURY IN	ITEM 18 PART	1 OR PART 2)	TEO WALL	NO 0
21d. INJU WHILE AT WOR	NOT WHILE AT WORK		STREET, FACTO		(AT HOME,	21f. LOC STI	ATION	i ni	CITY	OR TOWN		COUNTY		STATE
	ertify that I taak sulted fram:	charge af the Natural cause		ribed abav	re, held an Suid	_Autopsy	Homicio		, Inc			my apinian	7-30-8	30
ACTUAL SIGNATU	V	Manage	2 10		-					AAMINER		SIGNED		
EXAMINE (TYPE OR	R'S NAME	Nargar			ell, M.I	^	DDRESS	111	Penn (Street		COUNTY		ATE

104 02-7				N. Olio A.	
ne. 7 ne-4					i stant
	027425			.7.17.18	
	500 T M		resignor	11.	
	annolds 27		No state of		local vint
Earlie C	nact.		.5		
	In det une .			(A was Ant)	
		non ina			

FOR

(VRA 15, 4) 1/79

C TO NOT US 1 2 1880 15 Sept 1 2 1880 15 Sept 1 2 1880 15 Sept

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2n DATE OF DEATH GAINSBURG LTYPE OR PRINTS 3 SEX 4 RACE AGE TIN YEARS LAST BIRTH UNDER I YEAR IF UNDER 24 HRS 500 7% CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED | USA WIDOWED DIVORCED T 1. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY HOUSEWIFE AT HOME USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS 2500 M. BELVEDERE AVE. 13h COUNTY 134. INSIDE CITY LIMITS? IT IM OF YES Y 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME #21215 FIRST MIDDLE LAST FIR51 MIDDLE **NATHAN** SCHWARTZ DORA UNKNOWN MRS. ELAINE AGORESFOX IN WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT IYES, NO OR UNKNOWN) I IF YES, GIVE WAR OR DATES! NO 228-16-1420 6809 TIMBERLANE RD. BALTO., MD 21209 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and c).
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 if any, which gove rise to immediate cause (a), stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T NO [216 TIME OF INJURY 21a ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK 1000 220.1 certify that (1) This hospital attended the deceased from sow the deceased alive on above, (we) Gip idid not wiew the body ofter death. and that in (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME ITYPE OR PRINT 22 ADDRESS should be C75CHOYE LEVIA DA 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23e BURIAL, CREMATION, REMOVAL MARYLAND (SPECIFY BURIAL 7/30/80 BALTIMORE SHAAREI TFILOH 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR SOIGNATURE SOL LEVINSON & BROS., INC. 24 FUNERAL DIRECTOR **DHMH-16 25M** 6010 REISTERSTOWN RD. BALTO., MD 21215 (VRA 15, 4) 1/79

2 8 Miles Lengte white 'II - of the stand Ba Hamare Certy - X 222291 Dallinois Levinoile Control April MIG Baltimes x

9	0	1	7	4	4	
	REG NO.					

REGISTRAR	DEFAR		ALTH AND MENTAL HYGH CATE OF DEATH	REG. NO	
1. DECEASED NAME FIRST (TYPE OR PRINT)	middle	Gai	ther	20. DATE OF DEATH	22 1980 3 50
3. SEX	4 RACE	S. DATE OF	DAY YEAR	6. AGE (IN YEARS LAST BIRTI	MONTHS DAYS HOURS
temale	Negro		22 80	9 BALTIMORE CITY O	1K3.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Balto Md	USA	MARRIED WIDOWED	NEVER MARRIED	Baltimo	C 1
Balto Md.	11. NAME OF HOSPITAL, NURS INFNOT IN SUCH FACILITY, GIVE STRE	EET ADDRESS)	eneral Hosp.	12a USUAL OCCUPATH (TYPE OF WORK FOR MOST OF	
USUAL RESIDENCE (IF NURSING HOME 130. STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEF UNITY 13C. CITY OR TO	OWN	36 INSIDE CITY LIMITS?	130 STREET ADDRESS	instown, Rd.
14 FATHER'S NAME FIRST UN KNOWN	MIDDLE LAST		SUSAN	MIDDLE	Collin's
IM WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRE	SS
Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEG		-		
underlying couse lost. PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO				
underlying couse lost. PART 2 OTHER SIGNIFICAN	(c)			200 AUTOPSY?	DITION GIVEN IN PART 1(6) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES \(\bigcap \text{NO} \qqua
PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICE 19b. TIME OF INJURY HOUR A.M. MONTH	CH OPERATION	WAS PERFORMED	200 AUTOPSY?	20% IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES \(\text{NO} \)
Underlying couse lost. PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	19b. CONDITION FOR WHICE 19b. TIME OF INJURY HOUR A.M. MONTH	CH OPERATION DAY YEAR 19	I WAS PERFORMED	200 AUTOPSY?	ZOB. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE T
Underlying couse lost. PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER, NOT WHILE AT WORK AT WORK 220.1 certify that (I) (this has some the described allive.	T CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICE 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE) spiritol) gittended the deceased from	DAY YEAR 19 CE, FARM, ETC.)	TIC HOW INJURY OCCURR 211. LOCATION STREET 7.2., 19.19.8	200 AUTOPSY? YES NO ED (ENTER NATURE OF INJUI CITY OR TOV	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 12
Underlying couse lost. PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF INFORMATION 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. L certify that (1) (this has	19b. CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICE 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE Spital) attended the deceased from On My 2-7 not) view the Body ofter death.	DAY YEAR 19 CE, FARM, ETC.) m July D O O	TIC HOW INJURY OCCURR 211. LOCATION STREET 7.2., 19.19.8	200 AUTOPSY? YES NO CITY OF TOW CITY OF TOW Beath occurred on the d	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO TO THE MEDIT OF PART 2) VN COUNTY STATE OF THE COURSE STOTE OF THE COURSE ST
Underlying couse lost. PART 2 OTHER SIGNIFICAN' 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER, NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (this has sow the deceased alive obove, (I) (we) (did) (did) 22b. SIGNATURE MANAGEMENT AMAGEMENT AMAGEME	T CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICE 19b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE on My 22 19 CORPRINT) P. CR. MB AT	CH OPERATION DAY YEAR 19 CE, FARM, ETC.) The state of the state of	216. HOW INJURY OCCURR 211. LOCATION STREET 2 2 19 1 9 8 4 that in (my) (our) opinion of the company of t	200 AUTOPSY? YES NO CITY OF TOW CITY OF TOW Beath occurred on the d MEDICAL STA	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO TO

BP. DHMH - 16 25M

O FUNERAL DIRECTOR: After this certificate has

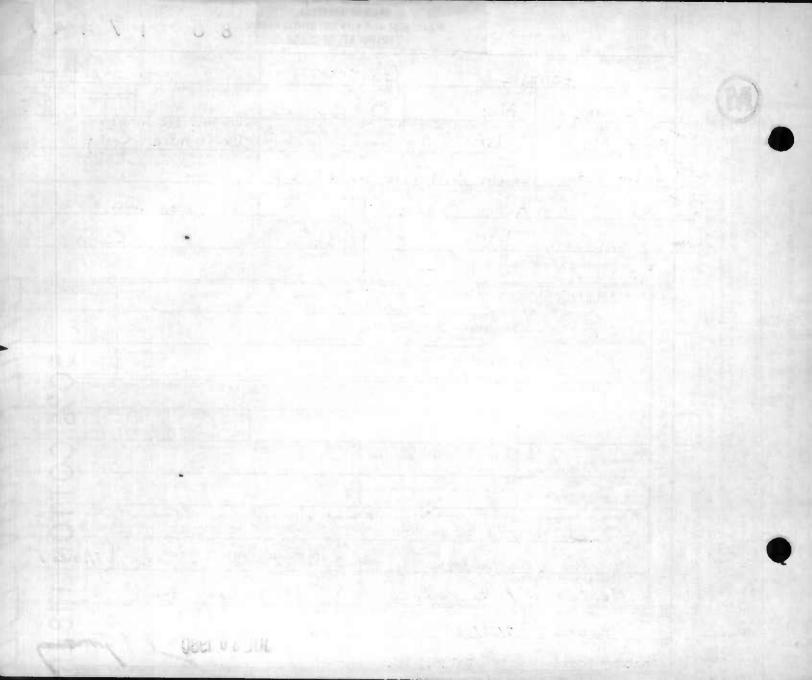
in signed by the ottending physicion and campletely filled in by the funeral of Then please remove corbon papers. Pages 1 and 2 should be filed within 72 har to burial, cremation, or removal.

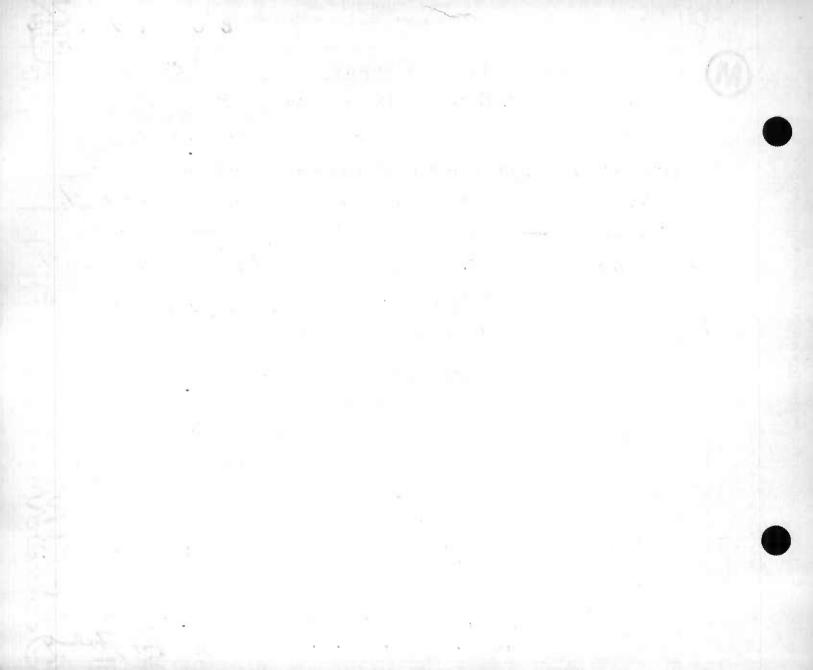
executed within 24 hours ofter

(VR A 15 (4)) 9/74

24 FUNERAL DIRECTOR Anatomy Board

ADDRESS Balto., Md.



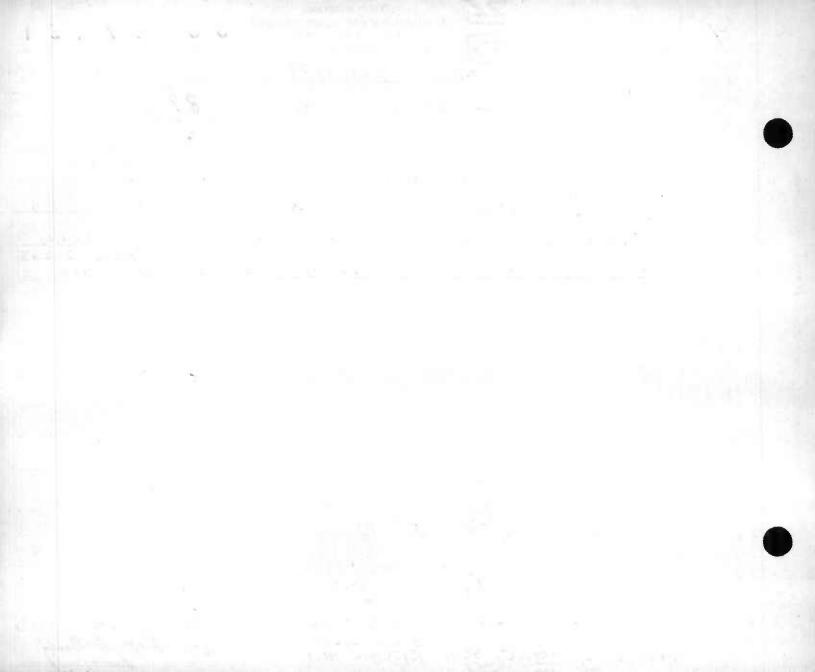


	1			STATE OF MARYLAND		
51	1	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	SIENE 8 0	17449
	1. D	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 25 HOUR
arh be	1144	NETTO NETTO	E A.	GANTT	July	25 (980) 2 Am
may pager de	3 5	X	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
	3	Female	Black	Dec. 3, 1899	80	RS. DAYS HOURS MIN
NI NE		IRTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	1 BALTIMORE CITY OR COL	INTY OF DEATH
15/20	5	Baltimore	U.S.A.	WIDOWE DIVORCED	BALTIMOR	E CITY MD.
1 mm	12	ITY OR TOWN OF DEATH	I IF NOT IN SUCH FACILITY, GIVE STREET		128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	
100	USL	ALTIMORE ALRESIDENCE DE NUESTING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	WICK HOME	Housewife	Home
d by d	13e	STATE 136 COL	JNTY 136 CITY OR TO	WN 134 INSIDE CITY LIMITS?	3404 Auche	entoroly Terrac
t year	_	ATHER'S NAME	Daiti	15 MOTHER'S MAIDEN NA		encorory rerrac
15 32 A	-	Walter P.	MIDDLE LAST	Mary	MIDDLE	Ridgely
100		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC		ADDRESS	Terrac
D 4 /		YES, NO OR UNKNOWN) I IF YES, GI	IVE WAR OR DATES) 212-40	=1956 Mrs. Carri	ie Milhurn-34	104 Auchentorol
ici at.			anly ane cause per line (ar (a) (b), a		Le HIIDain o	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phys pape emov tic ev		PART I. DEATH WAS CAUS	DED BY	- relevation Ca	ul some	10 447
ling pour re		11 hours	ATE CAUSE (a)	-4,	Hereon	- 07
trau		Canditians, if any, which	DUE TO, OR AS A CONSEQU	UENCE OF		/
move mat		gave rise to immediate	(b)			
by til e rer , cre		cause ial, stating the underlying cause last	DUE TO, OR AS A CONSEQU	UENCE OF		
ned oleas urial ury,	1	DART 2 OTHER DESIGNATION	(c)	D	,	
to b	Z	TAKI 2 OTHER STATE OF THE ANI	2 CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITION	GIVEN IN PART TIO
it. Ti prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	ZO AUTOPSY? ZOB. I	F YES, WERE FINDINGS USED
e has	일		V		YES TO NOTE INC	ERTIFYING CAUSES OF DEATH?
ficate hansit pern Hygiene n 18 sho	7 8	21a. ACCIDENT WAS UNDERLYING		ZIC HOW INJURY OCCUR	RED JENTER NATURE OF INJURY IN ITE	
tra htal	/	OR CONTRIBUTING CAUSE OF DE				
this urial Mer d or	MEDICAL	21d. INJURY OCCURRED	210 PLACE OF INJURY	21f LOCATION		
the bur and N arked	¥	WHILE NOT WHILE AT WORK	LAT HOME, STREET, FACTORY, OFFICE	FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
R: A	1		pital) attended the deceased from	al 2 nt 10 18	in July VI	1990 that (I) (we) last
or us of His		saw the deceased alive a	pital) attended the deceased fram	, and that in (my) (death occurred an II / date and	haur and from the causes stated
IRE pt. o pt. c		22b. SIGNATURE	hat) view the bady after death.	DEGREE		221 DATE SIGNED
e De		11/11/1	41/1	ATTENDING S	MEDICAL STAFF	7/1/60
ERA e det Stat		226 PHYSICIANS NAME LITYPE	OR PROVIDED	PHYSICIAN (DIRECTOR PHYSICIAN	1 // 1/0
should be deta with the State		44.0	J.SPIER	12 M	45h /17	(h. Ad.) 12h
shou with	-	M. HULA		100 00	1000	JAUS (more 1)
	730	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
	24.7	Burial	7/30/1980. M	it. Auburn Cemete		
MH-16 25M	124	UNERAL DIRECTOR	ADDRESS	And the second s	TE REC'D. BY REGISTRAR 256. RE	his Malledy
A 15, 4) 1/79		Herbert F X	111++0r-3035 W	North Ave.	111 & 0 130U	, , , , , , , , , , , , , , , , , , , ,

P - - V . U S WAS ALL OF THE PROPERTY OF THE P NETTIE SOLD STAR STARD JUM lact Dec. 3, 1899 80 PALLIMORE CITY . T. 2. U me fold SALTIMORE KESSURE COUNTY COME 34 % Tichentorely Terror and brimented term Bas Imali Didoelv Enlear P. Pock 212-Anwings Mrs. Carrin Milhard SANA Auchondoroly Capter in livetic Condequench 10 years as whole se who a Cula Front Mas 200 W 4 H. H. Salah 7/35/1980. Mt. Enturn Compton: Faltimore, Varyland I mirror Harbort P. Mutter-3015 M. North Ave.

1				STAT	E OF MARYLAND				
110	1 -	FOR STATE REGISTRAR	0		IEALTH AND MENTAL HYG ICATE OF DEATH	0	O REG. NO.	174	1 5 0
60		EASED NAME FIRST DR PRINT! STA	RR A		ARBER	2a DATE OF DE	ATH MONTH	27 80	1 AN
W	3 SEX		RACE WHITE	S DATE OF		6. AGE (IN YEARS		MONTHS DAYS	HOURS MIN
72 haur	7a. Bil	RTHPLACE (STATE OR FOREIGN THUNTRY)	CITIZEN OF WHAT CO	UNTRY? 8 MARRIE	D NEVER MARRIED A	1 BALTIMORE		UNTY OF DEATH	TV M
Se within	10 CI	BALT IMORG	I. NAME OF HOSPITAL		OR OTHER INSTITUTION	120 USUAL OC			OF BUSINESS OF
nine mu	USUA 13a S	RESIDENCE (IF NURSING HOME OR O'	Y . Bac CITY	OR TOWN	134 INSIDE CITY LIMITS? YES NO	130 STREET ADI	ORESS 9	ELAIN	5 AVG
	14 FA	THER'S NAME ROLAND ME	ODLE G/	ARBER	15 MOTHER'S MAIDEN NAV		STAR R	Su	JEGEI
Pages 1		AS DECEASED EVER IN U.S. ARMI		IAL SECURITY NO.	Roland Go	cober	L209 L	ElaireHuc	Hby Pal
hen please remove carbon to burial, cremation, or by injury, or other traum	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CO	ONSEQUENCE OF	REPAIR OF	TRUM INAL DISEASE C	R CONDITION	N GIVEN IN PART I	{o+
prior T	CERTIFICATION	198 DATE OF OPERATION 7/26/80	196. CONDITION FOR	WHICH OPERATION	HTERIOSUS	200 AUTOPS		IF YES, WERE FIND CERTIFYING CAUSE YES []	
use as the burial-transit perm Health and Mental Hygiene 21 is marked or Item 18 sho		210. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MOI P.M.	NTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATUR	E OF INJURY IN ITE	M 18, PART I OR PART 2)	
th and Mi	MEDICAL	WHILE NOT WHILE AT WORK	218 PLACE OF INJUR (AT HOME, STREET, FACTOR	Y RY, OFFICE, FARM, ETC.]	211 LOCATION STREET	CI	TY OR TOWN	COUNTY	STATE
for use as of Healt em 21 is		220.1 certify that (1) (this hospital saw the deceased alive on above, (1) (we) (did) (stid not)	7/27/	19.80	nd that in (my) (aur) apinian	, to death accurred o	in the date an	hour and from th	, that (I) (we) la e causes stated
P 2 2		226. SIGNATURE	rila L	le'up	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN [4 50 1000	ESIGNED
should be detached with the State Del		224. PHYSICIAN'S NAME (TYPE ORP	ILA A	21,00	22e ADDRESS	v. E	- MI	105	P
-48 × 5	23a E	URIAL, CREMATION, REMOVAL	736. DATE	230 NAME OF	CEMETERY OR CREMATORY	23d. LOCATH	Da nw	COUNTY	STATE
HMH-16 25M RA 15, 4) 1/79	24 FL	INERAL DIRECTOR HOMAS J. SKA	PDA 288	9 HUDS	ST. 30	[3] BY 198	JIRAR 25	MISHAR'S TON	Rug

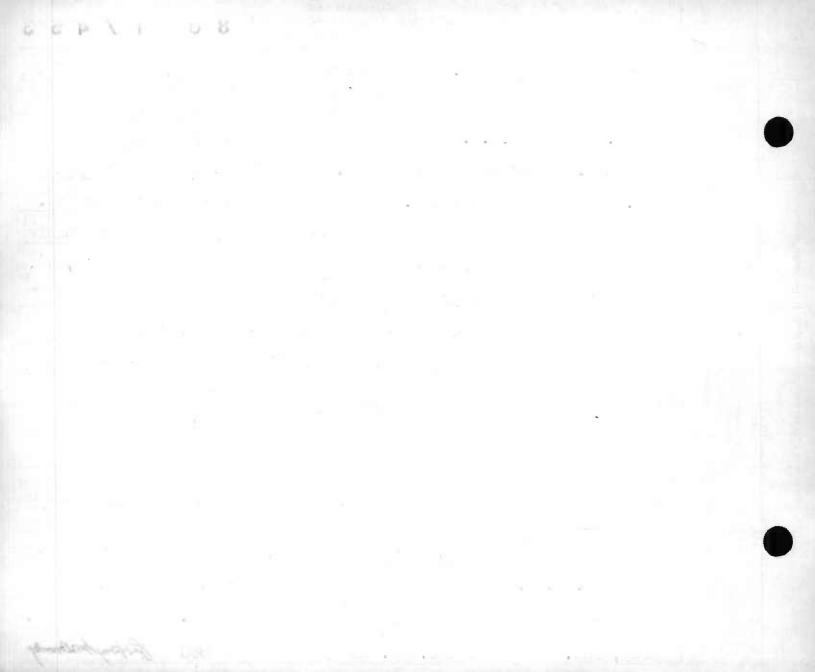
B+45 CT Bargard -MARKET STORAGE LEEN ALDSON ST. STUTEST 1930 FAMILY



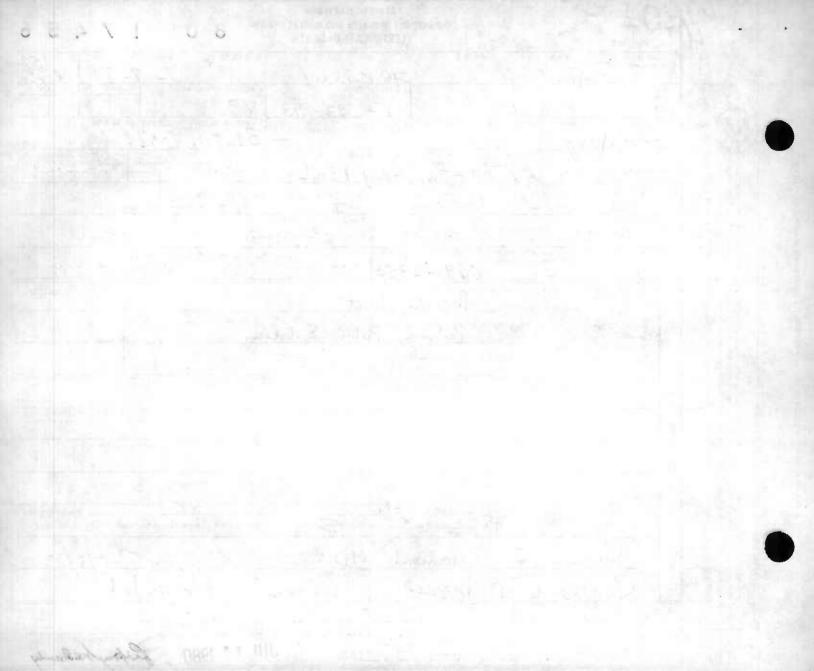
Harry H Witzke 4112 Columbia RD Ellicott City

DHMH-16 25M (VRA 15, 4) 1/79 TALL BROWLE CIGH ALTIMORE ST ACHES HOSPITAL

#11.FilmG545 7/25/80 kam



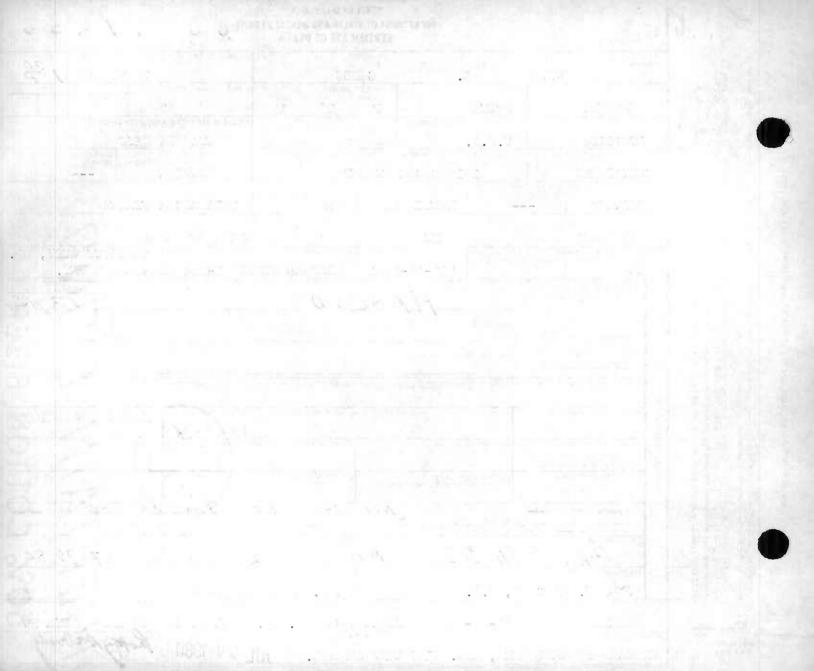
the state of the s



11. 25, 250 71 TALO ESCRIPTION a Cole The Lather Dillet and the more and ALC LAME IL SING A REPORT WARRANT 144 3544 276 and carries and a second of the second of th

V = V - V , we also the same of the V = V - VAZZA WILLIAM AZZA Column to the column and the column

/ 4	1.	FOR STATE REGISTRAR		DEPART		ALTH AND A	MENTAL HYG	0 0	TC NO	174	5 8
	I. DE	CEASED NAME FIRST		MIDDLE	LA	ST		20. DATE OF DE	EG. NO.	DAY YEAR	26 HOUR
	(TYPE	OR PRINT) DELM	Α	L.	GIE	RRS			07	27 80	138
be-	3. SE		4. RACE	<i>L</i> •	5. DATE OF	BIRTH		6 AGE (IN YEARS		IF UNDER I YEAR	IF UNDER 24 HRS
B		FEMALE	WHITE		10	26	17		62 Y	MONTHS DAYS	HOURS MIN
P.	7a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	□ NEVER A		9 BALTIMORE		UNTY OF DEATH	1
55		VIRGINIA	U.S.A		WIDOWED		ORCED	BALTI	MORE C	TTY	M
		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME OF			12a USUAL OCC	UPATION	126 KIND C	OF BUSINESS O
00		BALTIMORE		014 EAGLE		ET		HOUSE		ING LIFE) INDUSTRY	
31	13a. S	AL RESIDENCE (IF NURSING HOME STATE 13b CO		13c. CITY OR TOW	'N	13d INSIDE C		13e. STREET ADD			
40	_	ARYLAND THER'S NAME		BALTIMO		YES X	NO DEN NA	2014 E	AGLE S	TREET	
30		UNKNOWN	WIDDLE	WITT			FIRST	UNKN		, LA	
1		VAS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMA	NT		ADDRESS E	LLICOTT C	CITY, MI
1		NO		212-22-	3992	RUSSE	LL GIB	BS 1018	4 KARE	NLEE COUR	
		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	anly ane cause pe	r line far (a), (b), an	d (c).)					APPRO) BETWEEN	ONSET AND DEATH
			ATE CAUSE (o)	HI	45C	VO				/	3 YR
	NO.	PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO [DEATH BUT N	OT RELATED	TO THE TERM	INAL DISEASE OF	CONDITION	N GIVEN IN PART 1	(a)
2	CERTIFICATION	19a DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATION	WAS PERFO	RMED	20a AUTOPSY	INC	IF YES, WERE FINDI ERTIFYING CAUSES YES	NGS USED S OF DEATH?
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DEATH HOUR A		AY YEAR	21c. HOW IN	JURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITE	M 18, PART I OR PART 2)	- Strangeri
/	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINI 21d. IN JURY OCCURRED		.M. OF INJURY	19	211 LOCATIO	N				
	ME	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY	ORTOWN	COUNTY	STATE
		22a. certify that (I) (this shee	itol) ottended the	22 108	2.41	28 I that in (my)	, 19_67	, to du	NC 23	3, 19_ <u>80</u> , d haur and from the	that (I) (we) lo
		saw the deceased olive of abave, (1) (we) (ala) (did	nat) view the body	ofter death.				acam occorred or	ine dore and		
		saw the deceased olive above, (1) (we) (did) (did) 22b. SIGNAT	nat) view the body	ofter death.		EGREE					SIGNED
		22b. SIGNAT	= Hart	notter death.		EGREE), A	TTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF		29-80
		226. SIGNAT E	Harl	nesus		EGREE A	TTENDING PHYSICIAN	- MEDICAL	STAFF		
		22b. SIGNAT	Harl	nesus		EGREE). A 22e ADDRES	TTENDING PHYSICIAN S	- MEDICAL	STAFF PHYSICIAN [
	23a. E	224. PHYS CIAN'S NAME (TYPE 10HN F HART URIAL, CREMATION, REMOV)	HAN, M.D AL 23b. DATE	nusus 23t. N	M.L.	PEGREE 22e ADDRESS 4 N. METERY OR C	TTENDING PHYSICIAN S LAKEWO REMATORY	MEDICAL DIRECTOR OD AVENU 23d. LOCATIO CITY OR TO	STAFF PHYSICIAN [22c DATE	
	(22d. PHYS CIAN'S NAME (TYPE JOHN F. HART BURIAL, CREMATION, REMOVA BUR IAL	Hand EORPRINT) MAN, M.D	nusus 23t. N	MAME OF CE	egree 22e ADDRESS 4 N. METERY OR C	LAKEWO CREMATORY M. PK.	MEDICAL DIRECTOR DI DIRECTOR DI DIRECTOR DI DIRECTOR DI DI DI DI DI DI DI DI DI DI DI DI DI	STAFF PHYSICIAN [E N N N N DGE H	22c. DATE 7-2	29-80
	24. FI	224. PHYS CIAN'S NAME (TYPE 10HN F HART URIAL, CREMATION, REMOV)	MAN, M.D. 23b. DATE 07-30	-80 ME	MAME OF CE	EGREE 22e ADDRES 4 N. METERY OR C DGE ME 229	TIENDING HYSICIAN S LAKEWO REMATORY M. PK.	MEDICAL DIRECTOR OD AVENU 23d. LOCATIO CITY OR TO	STAFF PHYSICIAN [E N ODGE H	22c. DATE 7-2	29-80 STATE



					STATE	OF MARYLAND				
W		1-	FOR STATE REGISTRAR	DEP		ALTH AND MENTAL HYG CATE OF DEATH	REG. NO		4 5	9
6	1		OR PRINT) FIRST A	MAS MOOLE	LA	E1BSON	07	NONTH DAY	80 1	125 1 A M
C.	/	3. SE	E	4 RACE	S. DATE O	BIRTH YEAR	6. AGE (IN YEARS LAST BIRTH	YRS.	HS DAYS HOL	NDER 24 HRS URS MIN
eoth. Pa	\$35		RTHPLACE STATE OR FOREIGN DUNTRY) M.D.	76. CITIZEN OF WHAT COUN	MARRIED WIDOWEI	NEVER MARRIED	9. BALTIMORE CITY OF		DEATH	MD.
ofter of the fulled with	Selfied 8	11	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE UNIVERSE)	STREET ADDRESS)	1	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF HSWA	WORKING LIFE]	2b. KIND OF BU NDUSTRY	SINESS OR
MARYLAND 2120 ed within 24 hours mpletely filled in by ond 2 should be fill	Se se se se se se se se se se se se se se	USU.	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE INTY 13(. CITY OR OAL		YES NO		1. Leine	BARP	57-
MARYLJ ed within mpletely ond 2 sh	exomine Comine		THER'S NAME FIRST VILLIAM	MIDOLE LAS	т	15. MOTHER'S MAIDEN NAM FIRST BERTHA	BUSSE	F	EAST	
BALTIMORE, cote be execut ysicion ond co	medicol		VAS DECEASED EVER IN U.S. AI (ES, NO OR UNKNOWN) (IF YES, GN	UE WAR OR DAYEGE	SECURITY NO.	17. INFORMANT WIN: EI	BSON		SUE	
W. PRESTON ST., of the deoth certific by the offending ph se remove corbon p	of, cremotion, or removol. r other troumotic event, th		PART I. DEATH WAS CAUS	only one couse per line for (o), (ED BY: ATE CAUSE (o) DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	SEQUENCE OF	ul assl	<i>x</i>		APPROXIMATE BETWEEN ONSET	AND DEATH
RECORDS, 20 low requires cs been signed ermit Then pl	vs ony injury, or	CERTIFICATION	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING			20a AUTOPSY?	20b. IF YES, WIN CERTIFYIN	ERE FINDINGS G CAUSES OF I	USED DEATH?
> z % 000	Mentol Hygier or frem 18 shov		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER		H DAY YEAR	21c. HOW INJURY OCCURR	YES NO	YES TEM 18, PART 1		
DIVISION NG PHYS offer this of the but	Ith ond Me lorked or t	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	DEFICE, FARM, ETC.]	211. LOCATION STREET	CITY OR TOW	M	COUNTY	STATE
DIV OR ATTENDING he hospitol or ot DIRECTOR: After coched for use os t	Dept. of Heol		22a I certify that (I) (this hose the decorate area of the decorate area	7/2//	19 PO, on	d that in (my) (un) apinion of	MEDICAL STAF	F _/	d from the cous	ses stated
FO HOSPITAL CENTING BY the STONERAL Should be det	÷ X		22d. PHYSICIAPI'S NAME (TYPE)	OR PRINT) MORTO	V mt	PHYSICIAN [220 ADDRESS 22 S. (DIRECTOR DHYSIC	St	212	0/
1900 BP			BURIAL, CREMATION, REMOVA SPECIFY) BURIAL	1 23b. DAJE 7/28/80	and the same of th	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN BALTC.	MO	INTY	STATE
DHMH - 16 50M (VR A 15 (4)	7/77	24. F	UNERAL DIRECTOR	Till ADDRI	ESS MAI	- Airx IIII	P Q 1980	251 EGISTRAR	Salgha i DRE	7

	0 0			
	2.2	10/13		
74/3 4	rtight -		H2. J	STPY
			CANADANA	
X 2 7 7 7 7 2				0.67
	1 10.554	4 7 4	49.11	AN LINE
			245 218 245	

80 17 160 INFANCE IN LEPERT JULY 2 1966 The state of the s 54175 ST140 1181 H 1181 - -THE THAT WE STILL STAFF THE CLICK Some that the country BERRY LINE LANDERS DE FATHE DINEFEL 2115 J. G. COPERALL SEE MARCH STEEL THE

(VRA 15, 4) 1/79

8 1 0 6 E114X THE STATE THE CITY DALTER ST. AGNES- HESPI HOLEN FC --FITT THATE DURTHER DIE LOCALINEW THE LAWLENCE RAUSEH ANNE SUPDER No. 21 of the same of hope was a line with the same THE WALL THAT THE THE DEVEL THE Obel U E jul

2		FOR	0a-22a F	'ilm (3548 rc	LO/15 DEPART	MENT OF	TE OF A	MARYL/	MENTAL	HYGIEN	E			- 3	,	0
	1-	STATE REGISTRAR			10		EXAMIN					2 11	REG. NO.	/	4	0	4
0		CEASED NAME	FIRST			MIDDLE			LAST			2a. DATE KI	NOWN 🕞	MONTH	DAY	YEAR	7b. HOUR
(MA)=	(111	· ·	Robe	ert		M.			Gil	more		OF	AATED	7	17 1	980	M
A STATE	3. SEX	X	4. RACE	S. DATE	OF BIRTH	YEAR	6 AGE (IN YE		DER 1 YR	. IF UNDE	R 24 HRS.	2c. DATE	ED	MONTH	DAY	YEAR	24 HOUR 9:22
N N N N N N N N N N N N N N N N N N N	ma		negro	10	3	45	34 Y	RS.	DATS	HOURS	MIN	DEAD		7		980	p M
FCESSARY FCR YDUN MITHIN 72 PRESTON	7a. BI	RTHPLACE (STA DREIGN COUNTRY) Orth Cai	ATE OR	7b. CITIZ	EN OF WH		ITRY?	8. MARR	IED X	NEVER MAR	RIED	9. BALTIMO	RE CITY OR	COUNT	Y OF DE	HTA	
- MA		ITY OR TOWN C		11 1144		S.A.	DEINIC HOLL	WIDOW		DIVOR		Balt	imore	Cit		05.511	MD.
A A SEE	F	Baltimor	e	(IF NO	3708	Spri	rsing homi treet address) ngdale	Ave.		UTION		JAL OCCUPA MOST OF WORKIN		OF WORK	OR I	OF BUS	Y
BALTIMORE, MD. 21201 URS AFTER DEATH. IF ANY DEL WITH FORM PM 3. RETAIN F PAGES 1 AND 2 SHOULD BE DIVISION OF VITAL RECORDS.		TATE N.C.	IF IN NURSING HOME (TITUTION, GIV	13c. CITY	OR TOWN	10N)	13d. INSIDE	CITY LIMITS?		EET ADDRESS		enue	4-5		
MD. 2 S 1, 2, 2 P. M. 3, 10 2 S M. M. 10 2 S	14 F/	ATHER'S NAME	El Plats	WIDDLE	. 332		LAST	E1900	15. MOT	HER'S MAIL						ST	
MORE, MD. 2 TTER DEATH. IF PAGES 1, 2, FORM PM 3. SS 1 AND 2 SI DN OFCITALI		orris					ilmore		Ca	rrie				1	Merc	er	
BALTIMORE, IRS AFTER DE GIVE PAGES WITH FORM WITH FORM WITH SORM PORSON OF	16a, V (Y	VAS DECEASED ES, NO, OR UNKNOV Yes	EVER IN U.S. AR.	MED FORC			14L SECURIT		Hol]	-OWay	F/H	309	Amber	urha St.	m, N	r.C.	
ST., BA HOURS M 1B. G WIT. PA MIT. PA		18 CAUSE OF	DEATH (Enter on	nly one cou		for (o), (b)	, ond (c).)		ZA S						A PP BETWE	ROXIMATE EN ONSET	INTERVAL AND DEATH
		, AKTIOEA		TE CAUSE					nd Et	hanol	Into	xicati	on				
PRESTON VITHIN 24 CIL IN ITEA CIL IN ITEA ANSIT PER AL HYGIEI AOVAL.		Conditions	s, if ony, which		JE TO, OR	AS A CON	ISEOUENCE	OF									
WIT NOTE AINE		gove rise	to immediate	1	(b)	45.4.60	SEQUÊNCE	05									-
S, 301 W. ECUTED V SECUTED V EXAMI BURIAL-TR ND MENT		lying cous		1		AS A CON	SEQUENCE	OF							333		
S, 3 XECL G" II BUR AND		PART 2 OTHER SIGI	NIFICANT CONDITIONS		G TO DEATH 8	UT NOT RELA	TEO TO THE TERM	INAL DISEASI	F DV CONDIT	ION GIVEN IN P	APT 1 (a)				1		
ITAL RECORDS SHOULD BE EXI SHOULD BE EXI CHIEF MEDICA CHIEF MEDICA CHIEF MEDICA CHIEF MEDICA CHIEF MEDICA INICAEMATIO	NO	16 11															
WILD WILD PEP A SEC A SE	CAT	19a. DATE OF	OPERATION	19	. CONDIT	ION FOR V	WHICH OPER	ATION W	AS PERFO	PRMED?					20. AL	TOPSY?	
OF VITAL R ATE SHOUL E WORD "P THE CHEF ID BE USEC RENT OF HI BURIAL, CR	ZIE							35.0								s 🙀	NO 🗆
BIVISION OF VITAL RECORDS, 301 S CERTIFICATE SHOULD BE EXECUTE RITING THE WORD "PENDING" IN P RDED TO THE CHIEF MEDICAL EX, ES 3 SHOULD BE USED AS A BURIAL E DEPARTMENT OF HEALTH AND M PRIOR TO BURIAL, CREMATION, OR	MEDICAL CERTIFICATION	21a. EXTERNAL UNDERLYING CONTRIBUTIN	_	Н	D. TIME OF OUR A.M. P.M.		DAY YEAR	21c HC	IULMI WC	RY OCCURR	RED LENTER P	ATURE OF INJUR	Y IN ITEM IB PAR	RT 1 OR PAI	RT 2)		
DIVISION HIS CERTIFI WRITING T ARDED TC AGE 3 SHO ATE DEPAR	MEDI	21d. INJURY OF WHILE AT WORK	NOT WHILE C		e PLACE C STREET, FACTO				CATION	WQ.		CITY OR TOWN		COL	JNTY		STATE
DIVISION OF VI TO MEDICAL EXAMINER: THIS CERTIFICATE S EXECUTE THE CERTIFICATE, WRITING THE WOI PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE AFTER OBEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BURIL			y that I took charg	ge of the re	moins desc	ribed obo		Autop		Inspectionicide		Inquiry C		in my op	inion		
A1 EXAMINE CERTIFY HOULD BE CETTIFY WITH WITH		ACTUAL SIGNATURE_	Du	quia	L	Dola	~ N) M		(SPECIFY) sistai	nt_MED	ICAL EXAMIN	IER	DATE SIGNE	D 7.	-18-8	30
MEDICAL ECUTE THE GE 4 SHO FUNERAL TER DEATH		EXAMINER'S N	IT)		a L.	Dolar	n, M.D	•	ADDRESS		l Pen		127				
PAT PAT PAT PAT PAT PAT PAT PAT PAT PAT	(5	SPECIFY)	ION,REMOVAL				AME OF CE					CATION		COUP		STA	TE
BP		Burial UNERAL DIRECT		7/21/	/80	Gl	enview	Mem	. Gar			urham,	Nort				70.5
DHMH · 17 (VR A15 ME (5))		NAME			1101	E. No	orth A	ve.		1111	~ ~		Pila	NAK 33	- 1		
(VR A15 ME (5)) 15M 7/77		Wm C Ma	rch F/H		1101	E. No	orth A	ve.		1.1111	22	1980	Minter	4/2	e Cre	noles .	

Con United A Thomas The Sanday Park Seeks The same of the sa CONTRACTOR OF STREET

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWNXX (TYPE OR PRINT) ESTI-Roman Glover Jr. 1980 DEATH MATED . SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE black. LAST BIRTHDAYS PRONOUNCED male 7:00I 56 24 DEAD 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED K South Carolina Baltimore City U. S. A. WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Baltimore Bon Secours Hospital HOULD BE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13d. INSIDE CITY LIMITS? 1837 West Lexington Street Maryland Baltimore YES X NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE AND OF VIT Daisy MIDDLE Roman Glover, Sr. Goodman 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-64-2636 Daisy Glover 1837 West Lexington Street No 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gun shot wound of abdomen Gun: handgun DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO E 3 SHOULD BE DEPARTMENT PRIOR TO BURIA 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR KY MONTH DAY UNDERLYING OR MEDICAL subject shot 5:09P.M CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME. 21f. LOCATION 21d INJURY OCCURRED MDSTATE STREET, FACTORY, FARM, ETC.) 1800Blk LexingtonSt. Baltimore City AT WORK AT WORK street Autopsy XX 22a. I certify that I took charge of the remains described above, held an Inspection Inquiry and in my opinion death resulted from: Homicide XX Undetermined monner H TITLE (SPECIFY) ACTUAL TO MEDICAL E.
EXECUTE THE C.
PAGE 4 SHOUI
TO FUNERAL D.
AFTER DEATH, V.
BALTIWORE, MA. 7/4/80 Assistant DATE SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME Hormez R.Guard, M.D. ADDRESS111 Penn Street, Balto., MD 21201 (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236. DATE Baltimore Co., Maryland STATE 7/10/1980 King Memorial Park Burial 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE ... **DHMH - 17** Wm. C. March F/H 1101 East North Avenue VR A15 ME (5) 15M 7/77

			0.10	
	and en die d			
		A- WELL THIS		a only i
				Division of
	#0 4. F 1000	non you? -na		
		e e e	E V 55	
	90 (5 -15) Z .590 S	galler Coldinati		
			AND NOT	
al area		del de la de		
1919			The state of the s	

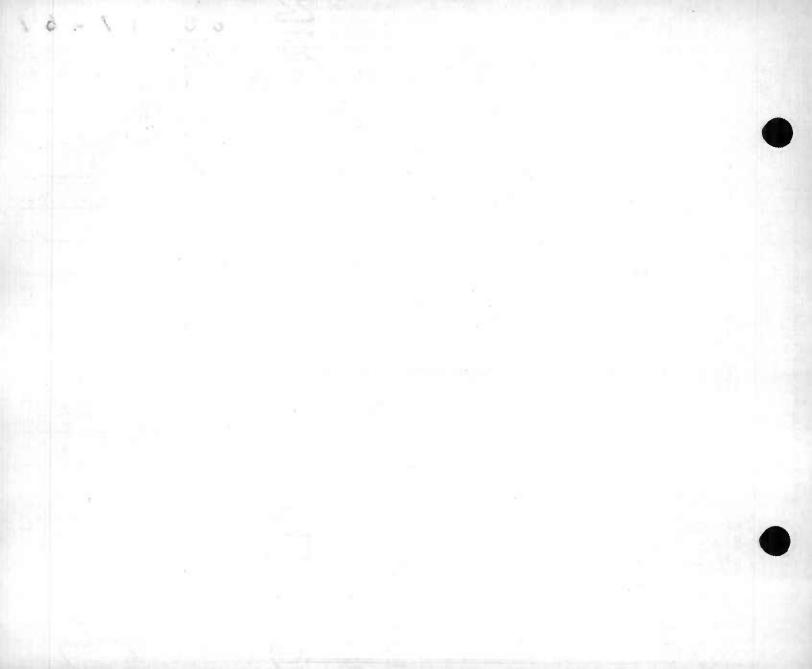
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR FIRST DECEASED NAME KNOWN Zb. HOUR (TYPE OR PRINT) OF ESTI-24 , 80 John DEATH MATED Goldman, Jr. H. 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 24. DATE 22 56 VPS PRONOUNCED Male Black. 24 1080 24 DEAD 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED K NEVER MARRIED Baltimore City USA MD WIDOWED [DIVORCED ID. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Baltimore FOR MOST OF WORKING LIFE 518 Rosehill Terrace 3. RETAIN PASHOULD BE IN RECORDS. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY Baltimore 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MD YES X 518 Rose Hill Terrace NO [OF VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE AUDDLE John H. Goldman Malinda Sr. Strothers Goldman 16b. SOCIAL SECURITY NO. 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES 212-20-9547 Yes Margie Goldman 518 Rose Hill Terr. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cardiomyopathy due to HYGIENE DUE TO, OR AS A CONSEQUENCE OF if ony, which Calcific Aortic Stenosis gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION OF HEA 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES TX BE 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M PRIOR 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: FAFTER DEATH, WITH THE S' BALTIMORE, MARYLAND, 21 Autopsy XX DIRECTOR:
WITH THE 220. I certify that I taok charge af the remains described above, held on Inquiry and in my opinion Natural causes death resulted from: Homicide Undetermined monner TITLE (SPECIFY) ACTUAL DATE Assistant MEDICAL EXAMINER 7-25-80 SIGNATURE SIGNED EXAMINER'S NAME Virginia L. Dolan, M.D. 111 Penn Street (TYPE OR PRINT 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Burial 7/30/80 MD Nat'l Mem. Pk. Laurel MD BP 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGIST DHMH - 17 (VR A15 ME (5)) 1101 E. North Ave. Wm. C. March F/H 15M 7/77

10,10 0 1	la de la company	30 11 2 2 2 3 3 1	
102 (NESTH BEST
		ze i le manor et	ubocats at
were well to each			
			1.00
	m 1 200 8 m		
	Aprilla Bancatar		
		GALT.	20030
		701 2-9-1	

7 27 80 6 30 1 MITTOS HTHOSOID Empy EMA & Separs tarb prince THT ([20]) 1970 > +31+12 C

	1,	FOR			E OF MARYLAND IEALTH AND MENTAL HY	GIENE 8 ()	7 4	6 6
	L	- STATE REGISTRAR		CERTII	ICATE OF DEATH	REG. NO.		
0.5		ECEASED NAME FIRST CHAR	MIDDLE	Go	LIMER	7-15-80	DAY YEAR	26. HOUR 1:15 P.
O.A.	3. S		4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
6	L		W	8	23 03	7BYTO YRS	NO.	HOURS MIN
ied of once.	7 7 . 1	SIRTHPLACE ISTATE ORFOREIGN COUNTRY) Germaney	76 CITIZEN OF WHAT CO	MARRIE WIDOW	DXX NEVER MARRIED DIVORCED DIVORCED	Baltimore City Baltimore City		MD
Shiftied of	E	altimore	Good Samar	itan Hosp	DR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Dietition	LIFE) 12b. KIND OI INDUSTRY HOSP	F BUSINESS OR
ed sa	USI 13a.	JAL RESIDENCE (IF NURSING HOME STATE Maryland Bal	OR OTHER INSTITUTION, GIVE RESIDE UNITY 130, CITY ROD	OR TOWN gers Forg	13d INSIDE CITY LIMITS?	13e SIREET ADDRESS 24 Murdock Rd	21212	
30	14. F	ATHER'S NAME FIRST	MIDDLE Heiner	LAST	15 MOTHER'S MAIDEN NA FIRST Ruth	MIDDLE	LAST	
T Z	160	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES? 166 SOC	IAL SECURITY NO.	17 INFORMANT	ADDRESS mer 24 Murdock J	21212	
s any injury, ar other traumatic	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION	-	Checose OF Checose OF	ENOTE TO THE TERM NOT RELATED TO THE TERM N WAS PERFORMED		ES, WERE FINDING CAUSES	IGS USED
Item 18 shaws		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	YES 3, PART 1 OR PART 2)	NO []
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e PLACE OF INJUR (AT HOME, STREET, FACTOR		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
Item 21 is marked		22a. I certify that (I) (this has	7 1 16- 1		, 17	deoth occurred on the dote and h	-	
IMPORTANT: IF		Refa 22d. PHYSICIAN'S NAME (TYPE RA)	SARAM		MD ATTENDING PHYSICIAN [Sumanta	- 1 7/ m #c	spital
3 8-	23a.	BURIAL, CREMATION, REMOVA	23b. DATE 7-18-80		emetery or crematory d Mem Park	23d LOCATION CITYORTOWN Baltimore Bal	COUNTY Ltimore M	STATE STATE
OM 1/76 (4))		UNERAL DIRECTOR NAME Mitchell-Wiede:		O York Rd	21212		STRAB'S SIGNATI	Beardy

00. 1.81 - F geod nilicons | com | com | ilia J. J. . carfigure beliance of many por promities traffgure dispersion managing --- 21(-5/-1038 srion | Sulface 24 Audock Ed 21212 Datalyna | significant Significant | Pint of Division | DE-RI-V 10 mg/ll of december of the state of the side of the s



-2	1	FOR - STATE	DEPART	MENT OF HEALTH AND	MENTAL HYG	IENE 8 0	17468
)		REGISTRAR CEASED NAME FIRST OR PRINT) WIll	MODIE	Goode	EATH	REG. NO. 20 DATE OF DEATH MONTH July 21, 1980	
deep	3. SE		4 RACE	5. DATE OF BIRTH		& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR
rector, irs after once.	J. 50	MAIC	Negeo	MONTH DAY	YEAR	4/ YRS	MONTHS DAYS HOURS MIN
72 hou	70. B	IRTHPLACE ISTATE OR FOREIGN OUNTRY)	TE CITIZEN OF WHAT COUNTRY	MARRIED T NEVER	MARRIED	Baltimore City or Coun	ITY OF DEATH
by the fur	10 C	Baltimore,	11. NAME OF HOSPITAL, NURSI	ng home or other instantial Hospita	TITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS C INDUSTRY
filled in uld be fil	USU 13a	AL RESIDENCE (IF NURSING HOME OF	NOTHER INSTITUTION, GIVE RESIDENCE BEFORM NTY	RE ADMISSION) NN 134 INSIDE C YES		13a STREET ADDRESS 1202 Clende	viu St.
mpletely nd 2 sho dical exar	14. F.	ATHER'S NAME	MIDDIE LAST GOOD	e 15 MOTHER'S	S MAIDEN NA/		LAST
Pages 1 a		NAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIAL SEC E WAR OR DATES) 2/3-34	URITY NO 17 INFORMA	's Kem	edy 1202 Clen	devist.
y the attending physicis remove carbon papers. cremation, or removal. or other traumatic eveni		PART I. DEATH WAS CAUSE	ally one couse per line for (a), (b), of DBY: Carcinon TE CAUSE (a) DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU	DENCE OF			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
n signed be nen please to burial, y injury,	z	PART 2 OTHER SIGNIFICANT	(c) CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED	TO THE TERM	INAL DISEASE OR CONDITION (GIVEN IN PART 1(a)
ricate has been sit permit. Tl Hygiene prior m 18 shows an	CERTIFICATION	Pronchopnes 190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFO	PRMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
TOR: After this certificat use as the burial-transit property and Mental Hyging 11 is marked or Item 18		2 (a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR	JURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM)	
After this the buri	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		N	CITY OR TOWN	COUNTY STATE
ECTOR: for use as of Heali em 21 is			tal) attended the deceased from 111 v 2 19 (view the body after death.	July 5 80, and that in (xxy)	, 19 <u>80</u> (aur) apinian (, toJUTY_21 death accurred on the date and h	nour and from the causes stated
TO FUNERAL DIRECTION OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF T		226 SIGNATURE	M. hofs	14/1/6	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	July 21,
TO FUNERA should be de with the Stat		Pablo M. Lope	ez, M.D.		Maryla	nnd General Hosp	oital
3		BURIAL, CREMATION, REMOVAL	7-24-80 23c	Mt. CALVAL	4	CLEN BURNIC	COUNTY ASTATE
HMH-16 25M RA 15, 4) 1/79	4	Dellian C. Brown	WN 1206 W	. Worth Ave	JI JI	EREC'D. BY REGISTRAR 256. REGISTRAR	try Malredy

10 000 15 mil		Link to the Link of	17-
vri3 promit for			
		4.8.34	124 15
Leave to		Theyland Con	.olvinore,
1 HE had no - a	8 5	The Land	Fill
32 mar Victor 246	CHERT FOR MY	18.31/2	
	noul lo c		
			miolianeti (A)
- X X			esolianos.
×			mioliane*i.
A Le Atres	ne e vinc	is you.	×
K DR LC ALTO	DB E VIUL	is you.	×

7 21 30 11:30p	ia do m	Eqs.	
	2 25	MACK	3133
ALTD DE CITY,	The state of the s	0.8.4.	
		STRINGA EMANITAV	
200 SUTTLY ROAD 21225		ENTINA	GRVENIVE
dva: MIVAS HOOJ OURE GHOOTS	JADICEL S AV	21.2 21.6	any
er var	OF SI SHUL		
		ti se (2 Yilut	st the state of th
BISIS GART TIME	HBOT I : 12		
A STATE OF THE STA	* 8		
CALLES OF LANGUAGE CONTRACTOR OF THE PARTY O		,	

FOR

Formit, may log 150 grant atom atom 10, 150 grant gran

Mr. Kuben kaffaen kaffaen katu k. jour - reat

-urial culy 1,00 St. vary!r (Uniquien) to traff. . dry land

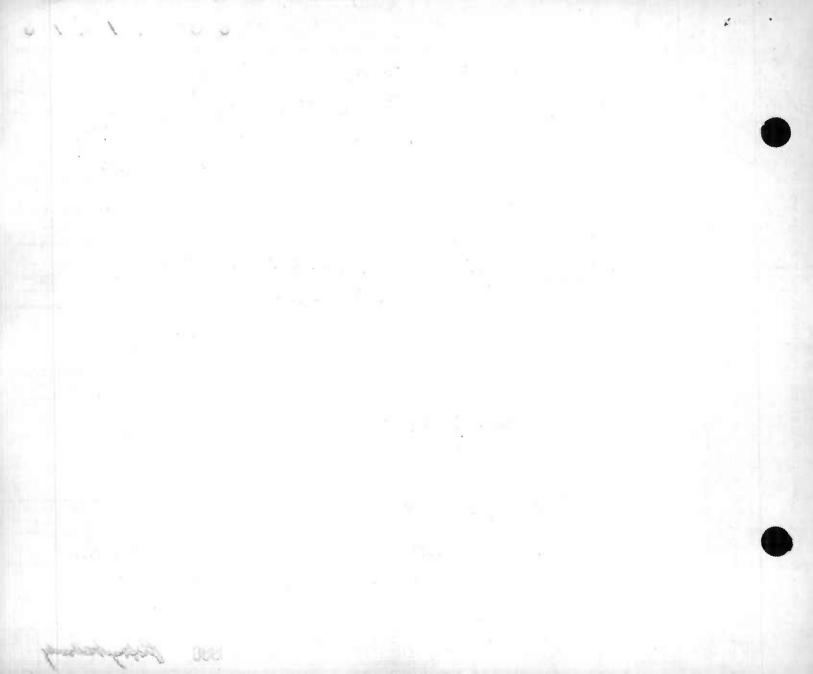
	1			STATE OF MARYLAND		
1 1	1-	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	8 0	7471
		CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 26. HOUR
8 4 T	(Hire	PRIM		GOODMAN	7	6 80 1.40
s after b	3 SE)	MALE	1 RACE BLACK	5. DATE OF BIRTH MONTH DAY YEAR 1 ZZ O9	6 AGE (IN YEARS LAST BIRTHDAY) 70 YRS.	MONTHS DAYS HOURS MIN
72 hours a	70 81	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTR	Y? & MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNT	C
within it be notified	10 CI	BALTEMURS	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION	170 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS O
filled in build be file	13e S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE MISIDENCE IN	ORE ADMISSION)	13. STREET ADDRESS 827 N. AG	LINGTON A
d 2 shou	14. FA	THER'S NAME	MIDDLE Gooding	15. MOTHER'S MAIDEN NA	6 -1 / / / / / / / / / / / / / / / / / /	Tohnson
Pages 1 an		VAS DECEASED EVER IN U.S. AR		CURITY NO. 17 INFORMANT 4524 Trane His	ah 4206 Fiml	PO
physicia papers. I removal. stic event		PART I DEATH WAS CAUSE	ally ane couse per line far (a), (b), D BY PNEU	(MONDA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
attending ve carbor tion, or i		43 - Conditions, if ony, which	DUE TO, OR AS A CONSECULATION OF THE PROPERTY	DUENCE OF A T DOW		approxida
remove remati		gove rise to immediate couse 101, stating the underlying couse last.	DUE TO, OR AS A CONSECULATERA	DUENCE OF MEDULARY	SYNDROME	4/15/80 -> 76
en signe Ther pla or to buri my sijur	NO	PART 2 OTHER SIGNIFICANT OF	CONDITIONS CONTRIBUTING T	ODEATH BUT NOT RELATED TO THE TERM		ELMENTO
permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES \(\text{NO} \)
al-transition al	100	21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	, PART 1 OR PART 2]
h and Mi	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
of Head			tal) attended the deceased from		death occurred an the date and hi	our and from the causes stated
At DIRS	1	226 SIGNATURE DEVAN	Holam	ATTENDING PHYSICIAN [MEDICAL STAFF	7 6/80
Annual be di		720 PHYSICIAN'S MAME ITYPES	Petrozal	270 ADDRESS UI	ms HOSP, Bas	d, md,
ALC: NO VIEW NAME OF THE PARTY OF	A COLUMN TO SERVICE AND ADDRESS OF THE PARTY				234 LOCATION	

TO A SAMPLE OF THE WAY OF THE COMMENT OF THE COMMEN 1 Path Courses a pressure extraction) THE BALT VILLE STEW PARTIES AND Carlo of James - The State of t SIE-240 A True Hogh 420 Find Pl EN STATE ALVOTATION NOTE ASSESSED. LATISAL MIDGLARY SYMPISCOLE VIANTED to since you to Adm. With they deplaced a proportion the commerce - Horizon - Company of the company o

					STATE O				
X	1-	FOR STATE REGISTRAR		DEPART		TH AND MENTAL HYG ATE OF DEATH	SIENE 8 0	17	47
		EASED NAME FIRST		MIDDLE	LAST				YEAR 26 HOUR
death	(TPE	ORPRINT! GOO FA	Loyd	M.	600	ds		7 24	50 330
	3 SEX		1 RACE		5. DATE OF B		& AGE (IN YEARS LAST BIRT		
DCe.		M	6		MONTH 7	DAY YEAR	52	YRS.	DAYS HOURS
at o		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIED [NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF DEA	TH
ig 10	N	Carolina	us.	AB	WIDOWED [City		
e no	10 CI	Y OR TOWN OF DEATH		HOSPITAL, NURSIN		THER INSTITUTION	128 USUAL OCCUPATE		(IND OF BUSINES
\$ //	/-	Galtinou	UNIC	1 of M1	Acal And	14050	Mach. Op.		Steel
E	USUA 13e. S	L RESIDENCE (IF NURSING HOME OF TATE 13b COUL	ROTHER INSTITUTION	13c CITY OR TOV	RE ADMISSION)	INSIDE CITY LIMITS?	13a STREET ADDRESS		4
E _		MO	-X-1	Baltime		ES NO	4009 au	ayon du	و
ex a	14 FA	THER'S NAME FIRST	MIDDLE	LAST	15	MOTHER'S MAIDEN NA	ME	0	(AST
\$ OC		DSCAR		Good.	5	Syvania		1.	noore
E /		AS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECT		INFORMANT	ADDRE		
t, the				215-30-	0374 (arnette G	oods 4009		
Ve		IE CAUSE OF DEATH (Enter of	nly one cause pe	r line far (a), (b), ar	nd (c).1	L TOTAL	100000000000000000000000000000000000000	DE DE	AN ROXIMATE INTERV
tic		PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (o)	sulmon	an arr	st			
emn		11.00	/		0				
r tra		Canditions, if any, which	DUE TO, O	metas tai	1	nome of lun	n. ald		
the		gave rise to immediate) (6) 7			0 0	1		
or or	-4	underlying cause last	DUE TO, O	R AS A CONSEOU	JENCE OF			3.00 T	
jury		PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT NO	I RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN P.	ART 1(n)
-	Z								
2 2	0							Tool IS HER WERE	
ws any	ATIO	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	HOPERATION V	AS PERFORMED	20a AUTOPSY?	700 IF YES, WERE	FINDINGS USED
shows any	TIFICATIO	190 DATE OF OPERATION	1 1	-+ 0 1	His huc			IN CERTIFYING C	FINDINGS USED AUSES OF DEATH
n 18 shows an	CERTIFICATIO	7/17/80 210. ACCIDENT WAS UNDERLYING	Inter	stind O	Ho truc		YES NOW	IN CERTIFYING C.	AUSES OF DEATH
Item 18 show	AL CERTIFICATION	7/17/88 218. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE	Intu	oteral O DE INJURY M. MONTH D	Plotuce DAY YEAR 2	tin	YES NOW	IN CERTIFYING C.	AUSES OF DEATH
or Item 18		7/17/80 210. ACCIDENT WAS UNDERLYING	Antu 216. TIME CHOUR A	oteral O DE INJURY .M. MONTH D .M.	Plotuce DAY YEAR 19 21	tion HOW INJURY OCCURI	YES NOW	YES YES TO YES TO THE TENT OF P	AUSES OF DEATH NO ART 2]
Item 18	MEDICAL CERTIFICATION	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTHY MEDICAL EXAMINER 21d. INJURY OCCURRED	Antu 216. TIME CHOUR A	oteral O DF INJURY .M. MONTH D .M.	Plotuce DAY YEAR 19 21	tim 1 HOW INJURY OCCURI	YES NOW	YES YES TO YES TO THE TENTE OF P	AUSES OF DEATH NO ART 2)
or Item 18		7/7/88 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CIFETHER. NOTHY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE AT WORK AT WORK	216. TIME C HOUR A I P. 21a PLACE (AT HOME, ST	otival () .m. MONTH D .m. OF INJURY REET, FACTORY, OFFICE.	Plotuce DAY YEAR 19 21	tion HOW INJURY OCCURI	YES NOW	YES TO YES TO YES TO YES TO YES TO YES TO YES	AUSES OF DEATH NO ART 2]
or Item 18		7/7/88 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DE (IF EITHER, NOTHY MEDICAL EXAMINER AT WORK AT WORK 21d. IN JURY OCCURRED WHILE AT WORK AT WORK 22d Certify that (1) (this hasp	218. TIME C HOUR A P. 21a PLACE (AT HOME, ST	oteral () OF INJURY M. MONTH D M. MONTH D OF INJURY REET, FACTORY, OFFICE. The deceased from	PLothuc DAY YEAR 19 FARM, ETC) 21	tion HOW INJURY OCCURI LOCATION STREET	YES NODER NATURE OF WALLE	YES THEY ING C. YES THEY IN TEM IS, PART FOR P	AUSES OF DEATI NO ART 2 HTY STA
or Item 18		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER. NOTHY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 22d. certify that (1) (this hasp saw the decapsed alive obove. (1) (we) (did) (did no obove. (1) (we))(did) (did no obove. (1) (we) (we) (we) (we) (we) (we) (we) (we	218. TIME C HOUR A P. 21a PLACE (AT HOME, ST	otivel () OF INJURY M. MONTH D M. MONTH D OF INJURY REET, FACTORY, OFFICE. The deceased from	Platrice DAY YEAR 19 FARM, ETC) 21 50 ond 1	tion to HOW INJURY OCCURI LOCATION STREET 19 Second in (my) (aur) apinian	YES NODER NATURE OF WALLE	YES YES YES YES YES YES YES YES	AUSES OF DEATH NO ART 2] ATY STA Thorefore, that (I) (wom the causes sta
If Item 21 is marked or Item 18		7/7/88 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DE (IF EITHER, NOTHY MEDICAL EXAMINER AT WORK AT WORK 21d. IN JURY OCCURRED WHILE AT WORK AT WORK 22d Certify that (1) (this hasp	218. TIME C HOUR A P. 21a PLACE (AT HOME, ST	otivel () OF INJURY M. MONTH D M. MONTH D OF INJURY REET, FACTORY, OFFICE. The deceased from	Platrice DAY YEAR 19 FARM, ETC) 21 50 ond 1	tion the HOW INJURY OCCURING I LOCATION STREET 1 19 50 not in (my) (our) opinion FREE ATTENDING	YES NOW RED (ENTER NATURE OF INJUI CITY OR YOU death accurred on the de	IN CERTIFYING C. YES YES YES COUNTY YES 10, PART I OR P TO COUNTY THE AND TH	ANT 2] ART 2] ART 3 ART 4 ART 6 ART 6 ART 6 ART 6 ART 7
If Item 21 is marked or Item 18		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (# EITHER, NOTHY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE AT WORK 21 AT WORK 21 AT WORK 21 AT WORK 21 AT WORK 22 AT WORK 22 AT WORK 22 AT WORK 24 AT WORK 25 AT	Intuition of the bady	otivel () OF INJURY M. MONTH D M. MONTH D OF INJURY REET, FACTORY, OFFICE. The deceased from	PLS true DAY YEAR 19 FARM, ETC) 21 SO, and 11	LOCATION STREET 19 Street 10 (aur) opinion SREE ATTENDING PHYSICIAN [YES NOW RED (ENTER NATURE OF HUJUS CITY OR YOU death accurred on the de	IN CERTIFYING C. YES YES YES COUNTY YES 10, PART I OR P TO COUNTY THE AND TH	AUSES OF DEATH NO ART 2] ATY STA That (I) (wom the causes sta
If Item 21 is marked or Item 18		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTHY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22d. I certify that (1) (this hasp saw the decapsed alive or above, (1) (we) (did) (did not 22b. SIGNATURE 6 Lald 12d. PHYSICIAN'S NAME (TYPE C	Intuition 216. TIME CO HOUR A P. 21e PLACE (AT HOME, ST T Z 1) view the bady	of INJURY M. MONTH D M. MONTH D M. MONTH D M. MONTH D M. MONTH D M. MONTH D M. MONTH D M. MONTH D M. MONTH D M. MONTH D M. MONTH D M. MONTH D M. MONTH D M. MONTH D M. MONTH D M. MONTH D M. M. MONTH D M. M. MONTH D M. M. M. MONTH D M. M. M. M. M. M. M. M. M. M. M. M. M. M	PLS true DAY YEAR 19 FARM, ETC) 21 SO, and 11	tion the HOW INJURY OCCURING I LOCATION STREET 1 19 50 not in (my) (our) opinion FREE ATTENDING	YES NOW RED (ENTER NATURE OF INJUI CITY OR YOU death accurred on the de	IN CERTIFYING C. YES YES YES COUNTY YES 10, PART I OR P TO COUNTY THE AND TH	AUSES OF DEATH NO ART 2] ATY STA That (I) (wom the causes state
MPORTANT: If Item 21 is marked or Item 18	MEDICAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTHY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOTWHILE AT WORK 22a certify that (1) (this hasp saw the decapedalive and obove, (1) (we) (did) (did not 22b. SIGNATURE Company	Antuman Antuma	other Cother Comments of the Cother C	PLS true DAY YEAR 19 FARM, ETC) 21 DEC	LOCATION STREET 1 LOCATION STREET 10 STREET 10 STREET 10 STREET 10 STREET 10 STREET 10 STREET 10 STREET 10 STREET 10 STREET ATTENDING PHYSICIAN 10 ADDRESS MWIV. OF	YES NOW RED (ENTER NATURE OF HAJUE CITY OR 10V	IN CERTIFYING C. YES YES YES COUNTY YES 10, PART I OR P TO COUNTY THE AND TH	ANT 2] ANT 2] ANT (I) (wom the causes state
MPORTANT: If Item 21 is marked or Item 18	WEDICAL	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER. NOTHY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK AT WORK OBOVE. (I) (I) (this hosp sow the decapsed-solve or obove. (I) (II) (II) (II) (II) (III) 22d. PHYSICIAN'S NAME (TYPE CERN) PECENT	Antumental Property of the Control o	of INJURY M. MONTH D M. MONTH D M. OF INJURY REET, FACTORY, OFFICE, The deceosed from ofter decit. M. 19 234.	PLS True PAY YEAR 19 FARM, ETC) 21 DEC 22 NAME OF CEM	THE ATTENDING PHYSICIAN ETERY OR CREMATORY	YES NOW RED (ENTER NATURE OF INJUI CITY OR YOU death accurred on the de	IN CERTIFYING C. YES YES YES COUNTY YES 10, PART I OR P TO COUNTY THE AND TH	ANT 2] ANT 2] ANT (I) (wom the causes state
IMPORTANT: If Item 21 is marked or Item 18	WEDICAL MEDICAL	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTHY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHITE AT WORK 2 27d. certify that (I) (this hasp saw the decapsed alive or above, (II) (we) (did) (did no 27b. SIGNATURE CERAL D JO URIAL, CREMATION, REMOVAL	Antuman Antuma	of INJURY M. MONTH D M. MONTH D M. OF INJURY REET, FACTORY, OFFICE, The deceosed from ofter decit. M. 19 234.	PLS True PAY YEAR 19 FARM, ETC) 21 DEC 22 NAME OF CEM	THE ATTENDING PHYSICIAN ETERY OR CREMATORY 1 LOCATION STREET 19 Selection 1 LOCATION 1 LOCATION 1 LOCATION 1 LOCATION 1 LOCATION 1 PACK 1 LOCATION 2 LOCATION 2 LOCATION 3 LOCATION 4 LOCATION 5 LOCATION 6 LOCATION 6 LOCATION 6 LOCATION 7 LOCATION 6 LOCATION 7 LOCATION 8 LOCATION 8 LOCATION 8 LOCATION 8 LOCATION 1 LOCATION 1 LOCATION 1 LOCATION 1 LOCATION 1 LOCATION 1 LOCATION 1 LOCATION 1 LOCATION 1 LOCATION 2 LOCATION 1 LOCATION 2 LOCATION 1 LOCATION 2 LO	YES NOW RED (ENTER NATURE OF INJUIT CITY OR YOU death accurred on the do MEDICAL STAI DIRECTOR PHYSIC MA Hos	IN CERTIFYING C. YES YES YES YES YES YES YES YES	ANT 2] ANT 2] ANT 2] ANT 2] ANT 2] ANT 3 ANT 2] ANT 3

describe the second

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 28 DATE OF DEATH MONTH (TYPE QUEPINT) Charles Edward Graham 4 RACE S. DATE OF BIRTH AGE IN THIS LAST BIRTHDAY! IF UNDER 24 HRS 3 SEX IF UNDER LYEAR MONTHS DAYS HOURS Make 1892 BALTIMORE CITY OR COUNTY OF DEATH 78. BIRTHPLACE ISTATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? MARRIED | NEVER MARRIED | 3 ramin WIDOWED DIVORCED 10 CHLY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR INDUSTRY' Ret. Sat. Baltimore City Police USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUM 134 INSIDE CITY LIMITS? 136 STREET ADDRESS Baltimore 25 Brookebury Drine Apt. CI MD Reisterstown NO (X) 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE Charles Graham A. EmmaSeng Gloria Cerny Rd Randallstown, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR HINKHOWN) (IF YES, GIVE WAR OR DATES) 218-36-5282 Cassandra Rd APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ich. PART I. DEATH WAS CAUSED BY AKDIAC IMMEDIATE CAUSE ID AOLEIO ANEVRYSM Conditions, if ony, which gove rise to immediate couse 101, stoting DUE TO OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, CERTIFICATION UNK 190 DATE OF OPERATION 20a AUTOPSY? 20h. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Mneurysn NOF YES [NO I ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW NJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 211 LOCATION 21s PLACE OF INJURY ö CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE ! AT WORK 22e.l certify that (I) this hospital) attended the deceased from . that (I) (we) lost sow the deceased alive on above, (I) (we) (did) (did not) view the body after death. , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 226 DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22 ADDRESS ld b 0 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL Baltimore City (SPECIFY) MA 7/12/80 Burial Western Cemetery Loring Byers Funexal Directors, P.A. 1350 DATE REC'D. BY REGISTRAR 1350. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 20M JUL 8728 Liberty Rd., Randallstown, MD 21133 (VRA 15, 4) 7/7B



			STATE OF MARYLAND		
- S	TATE	DEPA	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	0 0	17474
1 DECE.	ASED NAME ELLA	MIODLE	GRAHAM	2R DATE OF DEATH MONTH	19-80 2 HOUR 07
3 SEX	FEMALE	BLACK	5. DATE OF BIRTH MONTH OAY SEAR 7	6. AGE (IN YEARS LAST BIRTHDAY) 42 YR	FUNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
COUN	MD.	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	LITY	MD.
B	ALTIMORE	BON SECO	TURS HOSP.	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK IN	
130 STA	MD 136 COUN		MORE YES NO	13e. STREET ADDRESS	FAYETTE ST.
	JAMES "	COLE	ESSIE	MIDDLE	MONTAGUE
			2-4784 MET	y Graham 200	Fayette S
18	PART I. DEATH WAS CAUSED	11V00	XIC BRAIN DA	AMAGE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH O DAYS
		DUE TO, OR AS A CONSE	TOPAC APRE	ST	100045
-	ouse (a), stating the inderlying cause last	DUE TO, OR AS A CONSECULATION OF THE PROPERTY	HOLIC METAL	BOLIC ACIDOS	SIS ZWKS.
	ACUTO	E RENAL FA	ILUPOS; HEPATIC	FAILURE	
RTIFICA				YES NO NO	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
	R CONTRIBUTING CAUSE OF DEA! FEITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM	IS, PART T OR PART 2]
	VHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFI	EE, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
	saw the deceased alive an abave, (1) (we) (did) (did not	7-18	and that in (my) (aur) apinior	death accurred on the date and l	
	OgcarE	. Fernand	MID ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7-19-80
22	OSCAR E, F	FERNAND	IN) 2025 1	W. FAYETTO	51. BALTU. 1
(SPEC	Burial	23b. DATE 7/23/80	King Memorial Pl	Baltimore	CO. MD
	NAME	ADORESS /H 1101 E.		UL 22 1980	TRAN'S SIGNATURE
	1 DECEZITY OR STATE O	3 SEX FEMALE 70. BIRTHPLACE STATE OR FOREIGN COUNTRY) 10 CITY OR TOWN OF DEATH BALTIMOZE USUAL RESIDENCE (IF NUISING MOME OR 136 STATE USUAL RESIDENCE (IF NUISING MOME OR 136 STATE 136 STATE 137 STATE 138 CAUSE OF DEATH (Enter on PART 1. DEATH WAS CAUSE) IMMEDIAT Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost PART 2. OTHER SIGNIFICANT CAUSE (IF IT IT IT IT IT IT IT IT IT IT IT IT IT	To Deceased Name (TYPE OR PRINT) I DECEASED NAME (TYPE OR PRINT) I DECEASED NAME (TYPE OR PRINT) I SEX I BLACK I RACE BLACK I RACE BLACK II DECEASED NAME (TYPE OR PRINT) III NAME OF HOSPITAL, NUR. III NAME OF HOSPIT	DEPARTMENT OF HEALTH AND MENTAL HY REGISTAR 1. DECEASED NAME (ITTRO CAPAMI) 3. SEX FEMALE 1. RACE BLACK FIRST BLACK FEMALE 1. DATE OF BIRTH MORNIE 1. DATE OF DEATH 1. NAME OF HOSPITAL, NURSINGH HOME OR OTHER INSTITUTION 1. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSINGH HOME OR OTHER INSTITUTION 1. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSINGH HOME OR OTHER INSTITUTION 1. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSINGH HOME OR OTHER INSTITUTION 1. MARKED HOME OR OTHER INSTITUTION 1.	DEPARTMENT OF HEALTH AND MENTAL HYGIENE SEG NO.

THE US-PI-T AT A MAHADE NO TO ALLE TE-3E-51 LE MOVIE L'INTER BALLET ETHER THE PROPERTY OF THE STANTAGE OF T TATION OF THE PROPERTY O 2 = 3 + A A E No. 1. This side was a local property of the second of the 1 - 18 147 28 13-Taxe 87 --Compared to the second state of the second sta

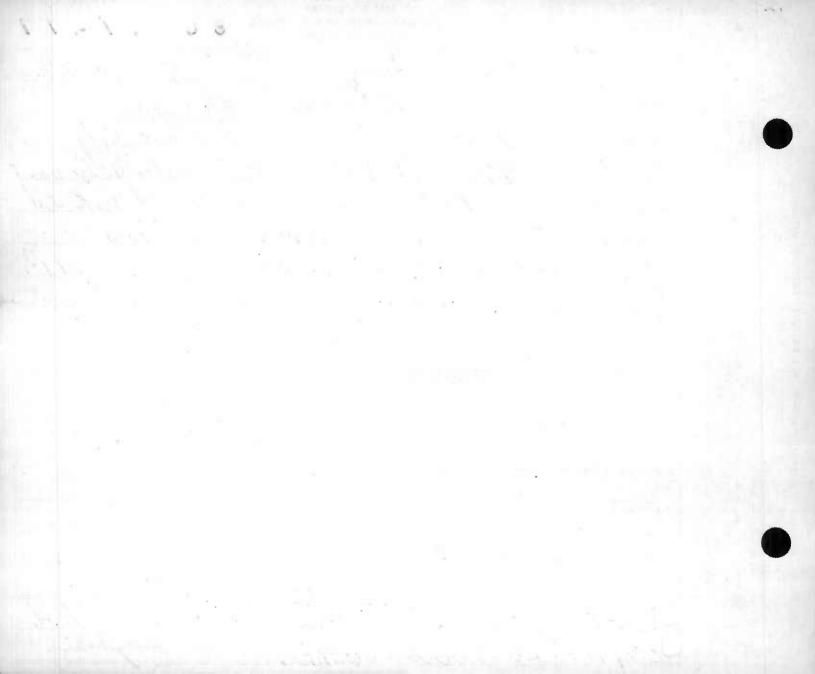
7:450 110 2 0 111 Estimpted with a

/_	1	FOR		DEDAO		EALTH AND M		rur o o		7 1	7 6
P	1	STATE REGISTRAR		DEFAK		CATE OF DI		0.0	G. NO	1 -1	, 0
		CEASED NAME FIRST		MIDDLE		LST .		20. DATE OF DEAT		DAY YEAR	2b HOUR
deat	3. SE	FRE	DE RA	2.4	S. DATE O	RAY		AGE THEY EARS LA	J / / 8	JE LINDER 1 YEAR	12:05pm
offer	1	IALS	Blac	b	MONTH	DAY	YEAR		or bikingar)	MONTHS DAYS	HOURS MIN
ce.		IRTHPLACE (STATE OR FOREIGN		F WHAT COUNTRY	Y2 8	01 ■ NEVER M	8892	9 BALTIMORE CI	TY OR COUNT	OF DEATH	5-9
13	M	arvland	U.S.	Α.	WIDOWE	D DIV	ORCED [BALL	mot	e (ity MD.
Stiffied Williams	10 0	TITY OR TOWN OF DEATH		F HOSPITAL, NURS UCH FACILITY, GIVE STRE		R OTHER INSTI	ITUTION	120 USUAL OCCU	OST OF WORKING LI		F BUSTNESS OR
bear	USU	AL RESIDENCE (IF NURSING HOME. STATE 136 COL	OR OTHER INSTITUTIO		ORE ADMISSION)			Chauffe		Dvt.	Family
3		state 13b cou	INIY	Baltime		13d INSIDE CIT	NO [2319 MC	Cullo	st.	21217
ou no		ATHER S NAME	MIDDLE	LAST			MAIDEN NAM	E 'MIDE	DLE	1 LAS	T.
×		William WAS DECEASED EVER IN U.S. A	PMED EORCES	Gr.		Alet]	ha	A	DDRESS	Eggan	S
Poges	(YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	219-30		35				ulloh	S+
- e	-	18 CAUSE OF DEATH (Enter	only one cause p	-		Mazı		Layz,	13 MCC	APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
emovo event, t		PART I. DEATH WAS CAUS	SED BY ATE CAUSE (0)_	CAR	ED114	e /-	TRRS	ST			
n, or r motic		7273	DUE TO,	PRAS A CONSEC	UENCE OF	PT	PIA	FIX	RILLA	ron)
r trou		Conditions, if any, which gove rise to immediate cause (a), stating the	(b)_	CLI 1001	TO TE	0/-	Ne	1/2110	METER 1		
ol, cre r othe		underlying couse last.	DUE TO,	or as a conseo	OUENCE OF	4	Det	79 DIC	4710	V	
o burro ury, or	z	PART 2 OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO	O DEATH BUT	NOT RELATED T	TO THE TERMIN	NAL DISEASE OR	CONDITION GI	EN IN PART I	0
prior to	CERTIFICATION	19g DATE OF OPERATION	19b CON	DITION FOR WHIC	H OPERATION	N WAS PERFOR	RMED	20a AUTOPSY?	20b. IF YE	S, WERE FINDIN	√GS USED
	TIFIC							YES NO	IN CERTI	FYING CAUSES	OF DEATH?
ltem 18 shows		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	- 110115	OF INJURY A.M. MONTH	DAY YEAR	21c HOW INJ	IURY OCCURRE	D (ENTER NATURE O	FINJURY IN ITEM 18,	PART I OR PART 2)	Model !
Mento or Item	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	R)	P.M. E OF INJURY	19	211 LOCATIO	N				X
morked or	ME	WHILE NOT WHILE AT WORK		STREET, FACTORY, OFFICE	E, FARM, ETC.)	STREET		CITY	RTOWN	COUNTY	STATE
s mor		220.1 certify-that (I) (this has	pital) attended	the deceased from	7/	1.5	. 19 80	, to	121	19_80.	that (1) (we) lost
1. of H		saw the deceased alive of		ly ofter death.			our) opinion de	eoth occurred of t	he date and ha		
If Her		22b. 81G LATURE	- /	EM	m		TTENDING _	MEDICAL	STAFF	22¢ DATE	SIGNED
TANT		221. PHYSICIAN'S NAME (TYPE	OR PRINT)	70006	100	22e ADDRESS	HYSICIAN [DIRECTOR PH	YSICIAN		
should be de with the Stot		MARIA	NE	ARR	IMA	+	ROU	12021	VT	Mare	O SUN
: 3 3	23a	BURIAL, CREMATION, REMOVA	L 23b. DATE	236	. NAME OF C	EMETERY OR CI	REMATORY	23d. LOCATION	1	COUNTY	STATE
-	74 F	Burial UNERAL DIRECTOR	24 J	uly 80	Arbuti	s Mem	Dk 25g, DATE	REC'D. BY REC'S	MOY O		ryland
M 1/76 4))		NAME		ADDRESS				2 3 1980		fragt &	erwy
	LH	erbert E. Nu	ter 3	0.35 W.	North-	Ave	1 7 7				

0 1 3 1 1 1 3 lage to to the sould - A.S.S. Busyme Trevin out wasting - Cauttour Twee Indian Tiper and and rest and provided and backward RESIDENCE CONTRACTOR OF THE SECOND CONTRACTOR 230-30-7407 Westoff Gray 2010 Wedglinb St. Participe - June cor 1935 M. Moreh American 193 A 1889 - Francisco

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1 DECEASED NAME 20 DATE OF DEATH MONTH (TYPE OR PRINT) 9mes 4 RACE 5. DATE OF BIRTH 3 SEX AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS. MONTH MONTHS DAYS HOURS. To BIRTHPLACE / ISTATE OR FOREIGN BALLIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 175 KIND OF BUSINESS OR SUAL RESIDENCE IF MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION JO STATE 136 COUNTY 134. INSIDE CITY LIMITS? NO T 14 FATHER'S MAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMAN (IF YES, GIVE WARDS DATES) (YES NO OR UNKNOWN) CAUSE OF DEATH (Enter only one cause per line for tall (b). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which nemino gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED M CERTIFYING CAUSES OF DEATH? NO YES [NO I 716 TIME OF INJURY 71a ACCIDENT WAS UNDERLYING TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART T OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21f LOCATION 71 PLACE OF INJURY ŏ (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 1980 220 I certify that (I) (this hospital) attended the deceased from sow the deceased alive on_ 1980 , and that in (my) (aur) apinion death occurred on the date and have and from the causes stated above, (1) (we) (did not) view the body after death SIGNATURE DEGREE 22c DATE SIGNED mD ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 224. PHYSICIAN'S NAME (TYPE OR PRINT) 77e ADDRESS th the The mary ERNARD J. COHEN. 230_BORIAL, CREMATION/REMOVAL COUNTY 250. DATE REC'D, BY REGISTRAR 256. RESISTRAR SIGNATURE FUNERAL DIRECTOR DHMH-16 20M (VRA 15, 4) 7/78

STATE OF MARYLAND



ST AGRES HOSPITAL Dartondor Souturent 3 40 60 74 6 Haltimore w line W. Hilton Street 21216 bus.f=xs't Orac Sarah n in 219-18-2249A Margaret Gray 1605 U. Hilton Etc. Purial 25 Following State of the State of th

17	ļ,.	FOR STATE		D	STATEPARTMENT OF	E OF MAR		YGIENE				9 20
4	1,-	REGISTRAR		MED	ICAL EXAMIN	ER'S CER	TIFICATE O		REG. NO		4	9
		CEASED NAME	FIRST	Toy Harry	WIDDLE	LAST	Estre	20. DAT	ESTI-		DAY YEA	
ASE OR. ES. JRS			MARY		E.	GR		DEAT	H MATED	7	21 1980)
NECESSART PLEASE FUNERSHORECOR. 5. FOR YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREET.	3. SE	11112	white	Dec. 18	YEAR LAST BIRTHDA		YR. IF UNDER	24 HRS. 2c. DA MIN. PRONO DE	UNCED	MONTH 7	21 ₁₈ 80	AR 24 HOU 2:42
HIN YER		IRTHPLACE (STATE	OR	76. CITIZEN OF WHA		0	NEVER MARRI	ED 7 BALT	IMORE CITY	OR COUNT		-
S F F F F F F F F F F F F F F F F F F F		Marylan		USA		WIDOWED [DIVORC	ED 🗆 Bal	timore			M
AA III	10. C	Baltimor		(IF NOT IN SUCH FACE	ITAL, NURSING HOME LITY, GIVE STREET ADDRESS) Dellwood Av		ISTITUTION	12a. USUAL OCC FOR MOST OF W	ORKING LIFE)		26. KIND OF OR INDU Nursir	BUSINESS ISTRY IG Home
MD. 21201 SATH, IF ANY DELAY IS NE. S. 1, 2, AND 3 TO THE FUB. AND 2 SHOULD BE FILED, W. VITAL RECORDS, 301 W.	USU.	AL RESIDENCE (IF IN TATE Md	13b. COUNTY		RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN Baltimore	13d. I	NSIDE CITY LIMITS?	13. STREET ADD 1205				8
000	14. F	ATHER'S NAME FIRST	Richar	MIDDLE d Elder	LAST		AOTHER'S MAIDE		MIDDLE Police		LAST	
AFTER DEATH AFTER DEATH OF PAGES 1, 1 FORM PM SES 1 AND SION OF VIT	16a \	WAS DECEASED EVES, NO, OR UNKNOWN)	ER IN U.S. ARMI	ED FORCES?	166. SOCIAL SECURITY	NO. 17. IN	Mary		ADDRESS			
B. GIVE P. WITH FO WITH FO WITH FO WITH FO DIVISION		No	(IF YES, GIVE W	AK OK DATES)	213 34 17	13 1	William '	T. Gray	Sa	me)
15, 301 W. PRESTON ST. KECUTED WITHIN 24 HG S", IN PENCIL, IN ITEM 1 AL EXAMINER ALONG BURIAL-IRANSIT PERMIT AND MENTAL HYGIENE, DN, OR REMOVAL.		PART I DEATH Conditions/ gave rise cause (a) star lying cause lo	IMMEDIATE if any, which ta immediate ting the under- ast.	CAUSE (a) DUE TO, OR A (b) DUE TO, OR A	or (a), (b), and (c).) Cardiomyope S A CONSEQUENCE C S A CONSEQUENCE C	DF DF	ONOITION GIVEN IN PAI	XT 1 (o).			APPROXW BETWEEN OF	MATE INTERVAL HSET AND DEATH
AL RECORDS, HOULD BE EXE HO "PENDING" HIFF MEDICA USED AS A BU OF HEALTH AN	CERTIFICATION	19a. DATE OF OPI	ERATION	196. CONDITIO	ON FOR WHICH OPERA	ATION WAS PE	RFORMED?			NE SE	20 AUTOP	SY?
CERTIFICATE SHO ITING THE WORD BED TO THE CHIL 3 3 SHOULD BE US PRIOR TO PR		210 EXTERNAL C. UNDERLYING [CONTRIBUTING]	OR		NJURY MONTH DAY YEAR	21c. HOW IN	NJURY OCCURRE	D (ENTER NATURE OF	INJURY IN ITEM 18	PART 1 OR PAR	YES [NO 🗆
DIVISION PR: THIS CERTIF ATE, WRITING T ORWARDED T ORWARDED T ORWARDED T C. STATE DEPART C. 21201 PRIOR T	MEDICAL	21d. INJURY OCC WHILE NO AT WORK AT	URRED	21e PLACE OF	INJURY (ATHOME, RY, FARM, ETC.)	211. LOCATIO STREET	ОИ	CITY OR	IOWN	COU	NIY	STATE
TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORK TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST		220. I certify the death resulted for ACTUAL SIGNATURE	Natura	17		TI	Hamicide ITLE (SPECIFY) Assistan 111	Undetermined Lt MEDICAL EXA	manner ,	DATE SIGNED	7-2	2-80
EXE PAC PAC BAL	23 a. B	URIAL, CREMATION	N,REMOVAL 236	DATE	23c. NAME OF CEM	ETERY OR CRE	MATORY	23d. LOCATION CITY OR TOWN		COUNT	TY .	STATE
BP		Burial		7/23/80	Lorraine	Park	Cemetery	Woodla	wn B	altimo		
3 (8 DHMH - 17 (VR A15 ME (5))	24. F	UNERAL DIRECTOR NAME Burgee]		Home Address	631 Falls R	oad 2k2	JUL	23 1980	(AR	1	Cread	,

				Part of Sculpt		
					31 .001	as his something
			Λ.		400	las (val
e ibea	di li bia e	es vit			7285	192 151
	W.AY DOOLTTen	lon I	A XX	vinitias.		
	Splitel		1221		nebil im	ii o Gi
	- case	virio .1	mar/fre	ens (tous)		
				G P P		

4	1-	FOR STATE REGISTRAR		DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTA ICATE OF DEATH		NE 8 0		7 4	8 0
0/	I DE	CEASED NAME FIRST		WIDDLE		AST		REG. NO B. DATE OF DEATH	O. MONTH DAY	YEAR	25 HOUR P
(M) Ci		OR PRINT) Nanc		E.		ay	- 1	e. DATE OF BEATH	7 22	80	5:53
	3 SE	(4 RACE		5. DATE C	F BIRTH		AGE (IN YEARS LAST BIRT		INDER I YEAR	IF UNDER 24 HRS
1 000		Female	Neg:	ro	2 MONTH	6 3	SO	50	YRS.	ITHS DAYS	HOURS MIN
death. Reach and 72 and 22 and 24	7a BI	RTHPLACE (STATE OR FOREIGN DUNTRY) N.C.	76 CITIZEN OF	WHAT COUNT	MARRIEI WIDOWE	NEVER MARRIE	DU	Baltimore City o			MD.
s ofter dec		TY OR TOWN OF DEATH Baltimore	JENOT IN SUC Joh	ns Ho	okins H	ROTHER INSTITUTION		TYPE OF WORK FOR MOST O	ON	126. KIND O	F BUSINESS OR
AND 21:2	USU/ 13a S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	Balti	TOWN MORE	13d. INSIDE CITY LIM YES X NO		e STREET ADDRESS 804 N.	Rutlar	nd Av	enue
ARYL Arthur d 2 sh	14 FA	THER'S NAME	MIDALE	LAST		15 MOTHER'S MAIDI	EN NAME	MIDDLE		LAS	14
MA Para Sand		Alfred	P.	Glade		Lula		Dye		Glad	den
Se Se Se Se Se Se Se Se Se Se Se Se Se S	16a V	VAS DECEASED EVER IN U.S. AR (IF YES, GIV NO	MED FORCES? E WAR OR DATES)	100000000000000000000000000000000000000	SECURITY NO.	17 INFORMANT		ADDRE			
A Send				<u> </u>	24-2239	Theresa	Wrı	ght 1401	N. Wa		
BA.	-17	18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly ane cause per DBY:		1, and 101.1.					BETWEEN	MATE INTERVAL
ST.		JAMEDIA MANEDIA	re C AUSE (a)		7 3					into the	66614
Q C C C C C C C C C C C C C C C C C C C		9//8	DUE TO, O	R AS A CONS	EQUENCE OF	tarle	in				
the att trauser remains		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b)	R AS A CONS		11 1	1 2 1 -	Macion			
s de by objects with cr			(c)	1.16	mer.	earle	1150	ypreter	nec,		
	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS <u>C</u>	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE	IE TERMIN.	AL DISEASE OR CON	DITION GIVEN	IN PART 110	21
Iow requires to be entire to be entire to be entire to be entire to be entire to be sony injury.	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WI	HICH OPERATIO	N WAS PERFORMED		200 AUTOPSY?	20b, IF YES, W	ERE FINDIN	IGS USED
he lo son.	TIFIC							YES NOW	IN CERTIFYIN	_	OF DEATH?
SICIAN: TI ng physicin certificans ternol Hygis tern 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A	M. MONTH	DAY YEAR	21c. HOW INJURY C	OCCURRED	ENTER NATURE OF INJUI	RY IN ITEM 18, PART	OR PART 2]	
HYS of his con the part of the	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE	21e. PLACE	M, OF INJURY REET, FACTORY, OF		211 LOCATION STREET		CITY OR TOV	VN	COUNTY	STATE
		AT WORK			1	d	///		7-3	///	
TEN TOR: TOR: of He		220.1 certify that (A (this hasp saw the deceased alive an abave, A) (we) (did) (did no		2 2	1111	d that in (my) (aur) a	pinian dec	ath accurred an the di	ate and haur a	nd fram the	that W (we) last causes stated
OR ANDIRECTOR OF THE CONTRACT		226. SIGNATURE	> .	1,10	. /	DEGREE	2010	MEDICAL STAT	r.	22c. DATE	SIGNED
AL the Tr. if		vall k	elil	NIN	0	ATTEND PHYSIC	CIAN []	MEDICAL STAI		1/2	12/80
HOSPITAL ned by th FUNERAL Jid be det othe State		22d. PHYSICIAN'S NAME (TYPE C	R PRINT)	- 1		22e. ADDRESS	,)	2 - 1			
TO HOSPIT reformed by TO FUNER should be with the Site in MPORTAN		NALER	enlu	110	VIII -	1001 K	11	2/10000	ully	F	
75 - 27	23a E	IURIAL, CREMATION, REMOVAL				EMETERY OR CREMA	TORY	23d. LOCATION CITY OR TOWN	co	UNTY	STATE
704 BP		Burial	7/29	/80	-Ceda	r Hill C	em.	Baltimo	rea C	0.	MD
0HMH - 16 50M 7/77 (VR A 15 (4))		INERAL DIRECTOR NAME March	r/u 1	101 F		ΔVA	DATE R	24 1980	258 FGISTA	1 /X L	ready

	· · · · · · · · · · · · · · · · · · ·		
i			
		.03	
and the part of the state			
		desired 1.75	
alter title i skulpjet. Id			
	Line Little Store		
Carlotte Baylor		The Land	15351 .5

				STATE OF MARYLAND		
	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE 8 0	1748
^		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 16 HOUR
C.R.G			llie G.	Gray	7	17 80 8:00
Lan	3 SEX		4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 1
20 m		Male	Negro	2 9 08	72 YRS	MONTHS DAYS HOURS M
Tree at 2		RTHPLACE (STATE OR FOREIGN DUNTRY)	ISA		9 BALTIMORE CITY OR COUN	ITY OF DEATH
St be 100		ivoriown of DEATH	(IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION ET ADDRESS) Lins Hospital	12s USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING	12h KIND OF BUSINESS
100 m	USU/ 13e S	AL RESIDENCE (IF NURSING HOME OR 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION) WN 134 INSIDE CITY LIMITS?	130 STREET ADDRESS 1400 E. Ma	dison Ave.
opletely d2 shar	I4 FA	THER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN N		LAST
ages 1 and com		VAS DECEASED EVER IN U.S. AR/ ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	EURITY NO. 17 INFORMANT 5-0200 Gardina	ADDRESS	Madison St.
papers. Femoral.		PART I. DEATH WAS CAUSE	ly one cause per line far (a), (b), c			RETWEEN ONSET AND DE
ner by the attention of cerember, cremation, jury, or other tra		Conditions, if ony, which gave rise to immediate cause (0), stating the underlying cause lost	DUE TO, OR AS A CONSEO (b) CARCAU DUE TO, OR AS A CONSEO	OMA OF CUNG		
0 0	1 - 1		ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TEN	KMINAL DISEASE OR CONDITION (SIVEN IN PART TIO
perhas been signed between the prior to the shows any in	TIFICATION	19a DATE OF OPERATION	19% CONDITION FOR WHIC	H OPERATION WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH YES NO
physician. s certificate has been at all transit dermit. Then ental Hygene prior to for Item 18 shows any it.	CERTIFIC		216. TIME OF INJURY	216 HOW INJURY OCCU	IN CER	YES NO NO
After this certificates the burial-transit th and Mental Hyggmarked or Item 18	CAL	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA] 216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	YES NO NO CER	TIFYING CAUSES OF DEATHY YES NO NO NO NO NO NO NO NO NO NO NO NO NO
Is or attending physician. TOR: After this certificatuse as the burial-transit of Health and Mental Hygg. 21 is marked or Item 18		190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (15 ETITHER, NOTIFY MEDICAL EXAMINER) 210 INJURY OCCURRED WHILE NOT WHILE AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY 1AT HOME, STREET, FACTORY, OFFICE tol) ottended the deceosed from	DAY YEAR 19 211 LOCATION STREET , 19	YES NOW IN CER	COUNTY STATE
Is or attending physician. TOR: After this certificatuse as the burial-transit of Health and Mental Hygg. 21 is marked or Item 18	MEDICAL	19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (FETHER, NOTHY MEDICAL EXAMINER) 21d, INJURY OCCURRED WHILE NOT WHILE AT WORK 22a I certify that (I) (this hospit saw the deceased alive on obove, (I) (we) (did) (did no)	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY 1AT HOME. STREET, FACTORY, OFFICE (10) oftended the deceosed from 11 view the body ofter death.	DAY YEAR 19 211 LOCATION 5. FARM. ETC.) 211 LOCATION 5. TREET , 19 , ond that in (my) (our) opinio DEGREE ATTENDING PHYSICIAN 22e ADDRESS	YES NO IN CER JRRED (ENTER NATURE OF INJURY IN ITEM I CITY OR TOWN In death occurred on the date and h MEDICAL STAFF DIRECTOR PHYSICIAN	COUNTY STATE COUNTY STATE COUNTY STATE 19 , that (I) (we now and from the couses state 22c. DATE SIGNED
led by the hospital or attending physician UNERAL DIRECTOR: After this certificated be detached for use as the burial-transity the State Dept. of Health and Mental Hygg IRTANT: If Item 21 is marked or Item 18	MEDICAL	21a ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (FETHER, NOTHY MEDICAL EXAMINER) 21d INJURY OCCURRED WHIE NOTHY MEDICAL EXAMINER) 22a I certify that (I) (this hospit saw the deceased alive on above, (I) (we) (did) (did not 22b. SIGNATIVE 22d. PHYSICIAN'S NAME (TYPE OF	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY 1AT HOME. STREET, FACTORY, OFFICE (10) oftended the deceosed from 11 view the body ofter death.	DAY YEAR 19 211 LOCATION 5. FARM. ETC.) 211 LOCATION 5. TREET , 19 , ond that in (my) (our) opinio DEGREE ATTENDING PHYSICIAN 22e ADDRESS	YES NO IN CER JRRED (ENTER NATURE OF INJURY IN ITEM I CITY OR TOWN In death occurred on the date and h MEDICAL STAFF DIRECTOR PHYSICIAN	COUNTY STATE COUNTY STATE COUNTY STATE 19 , that (I) (we now and from the couses state 22c. DATE SIGNED
y the hospital or attending physician. RAL DIRECTOR: After this certificate detached for use as the burial-transit date Dept. of Health and Mental Hyggints. If Item 21 is marked or Item 18	WEDICAL 238 8	21a ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (FETHER, NOTHY MEDICAL EXAMINER) 21d INJURY OCCURRED WHIE NOTHY MEDICAL EXAMINER) 22a I certify that (I) (this hospit saw the deceased alive on above, (I) (we) (did) (did not 22b. SIGNATIVE 22d. PHYSICIAN'S NAME (TYPE OF	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY 1 AT HOME. STREET, FACTORY, OFFICE 201) oftended the deceased from 11 view the body ofter death. RPRINT) CALUS, TR. 23b. DATE 23c.	DAY YEAR 19 211 LOCATION 5. FARM. ETC.) 211 LOCATION 5. TREET , 19 , ond that in (my) (our) opinio DEGREE ATTENDING PHYSICIAN 22e ADDRESS	YES NO IN CER JRRED (ENTER NATURE OF INJURY IN ITEM I CITY OR TOWN In death occurred on the date and h MEDICAL STAFF DIRECTOR PHYSICIAN A OPKINS HOSPIT	COUNTY STATE COUNTY STATE COUNTY STATE 19 , that (I) (we) 124. DATE, SIGNED

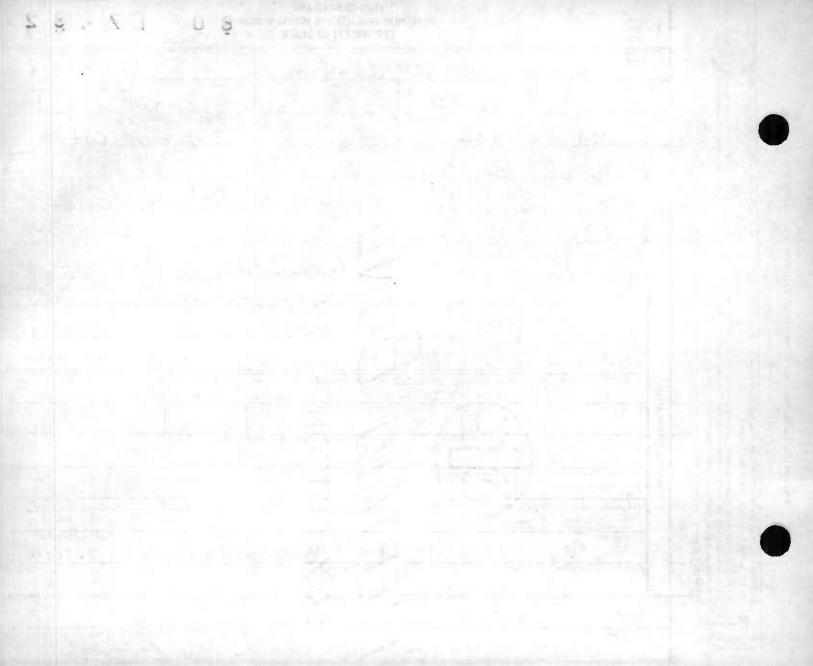
(0)

ho ho ar l?

n

-DBSL 3.5 HIL

- STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 0	7 4 8
1. DECEASED NAME (TYPE OR PRINT)	FIRST MIDDLE	LAST	20 DATE OF DEATH MONTH DA	Y YEAR 26 HOL
	IALD WILLIAM	GRAYSON	7 31	80 6
3. SEX	4 RACE	S. DATE OF BIRTH TANK YEAR		FUNDER 1 YEAR IF UNDER
MALE	NEGRO	03 27 36	44 YRS	
O P STATE OR COUNTRY)	OREIGN 76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY O	OF DEATH
5 5 A	TH 11 NAME OF HOSPITAL NURS	WIDOWED DIVORCED DIVORCED DIVORCED	Ba Himore	CITY 1126. KIND OF BUSIN
10 CITY OR TOWN OF DE	(IF NOT IN SUCH FACILITY, GIVE STRE		(TYPE OF WORK FOR MOST OF WORKING LIFE)	
S & USUAL RESIDENCE	THER INSTITUTION, GIVE RESIDENCE BEF			
35 I30. STATE	BC H	VES TO NO TO	333 Avant	1011 CL
14 FATHER S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA		1
ad lenard	Carto	r Larviano	WIDDLE	rayson
160. WAS DECEASED EVEN	LIE VEC COIE WAS ON DATE.		ADDRESS	
TYES, NO OR UNKNOWN)	215-30	-1456 Lorriane	Pinkey 3333	Grantley
18 CAUSE OF DEA	H (Enter only one cause per line for (a), (b),	and to		APPROXIMATE INTE
PART I. DEATH V	IMMEDIATE CAUSE (0) Hypoxi	e Brain Damage (Post-Resus)	3 month
2 7/2	DUE TO, OR AS A CONSEC	UENCE OF		3. 40
Conditions, if ony		ve Disorder		3 month
couse (a), stati	9 the DUE TO, OR AS A CONSEC		0	Ser - year
9 0 0	(c) Chro		rhosis, Asretis)	
PART 2 OTHER SIG	IFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM		N IN PART 1(0)
	V Maranara Administration of the	U.Va. history, trans		
	TION 196 CONDITION FOR WHIC	beles Mellities, Chron		WERE FINDINGS USE
Batt Batt OF OF OF OF OF OF OF OF OF OF OF OF OF	to the second	beles Mellitics, Chros EH OPERATION WAS PERFORMED	200. AUTOPSY? 20b. IF YES, IN CERTIFY	ING CAUSES OF DEA
Batt Both OF Park And Park OF	196 CONDITION FOR WHICE DERLYING 216. TIME OF INJURY	H OPERATION WAS PERFORMED 216 HOW INJURY OCCURP	200. AUTOPSY? 206. IF YES,	ING CAUSES OF DEA
Hygiere prior to be him in in in in in in in in in in in in in	19b. CONDITION FOR WHICE DERLYING 21b. TIME OF INJURY HOUR A.M. MONTH	H OPERATION WAS PERFORMED 216 HOW INJURY OCCURP	200. AUTOPSY? 206. IF YES, IN CERTIFY! YES NOT YES	ING CAUSES OF DEA
Parial-Ironat permit. The Renal Hygiene prior to be them in 18 house of them 18 house of them 18 house of them 18 house of the mile in the prior to be a continued on contraining of the Eigher Wall of the	DERLYING 216. TIME OF INJURY HOUR A.M. MONTH ALEXAMINER) P.M. RED 21e. PLACE OF INJURY	DAY YEAR 19 216 HOW INJURY OCCURE 19	200. AUTOPSY? 206. IF YES, IN CERTIFY! YES NOW YES ED (ENTER NATURE OF INJURY IN ITEM 18, PAR	ING CAUSES OF DEA
Mental Hygiene prior the Party Hygiene prior to be the mit Then the middle hygiene prior to be the middle hygiene prior to be the middle hygiene prior to be the middle hygiene prior to be the middle hygiene prior to be the middle hygiene prior to be the middle hygiene h	DERLYING 216. TIME OF INJURY HOUR A.M. MONTH ALEXAMINER) 216. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE	DAY YEAR 19 216 HOW INJURY OCCURE 19	200. AUTOPSY? 206. IF YES, IN CERTIFY! YES NOT YES	ING CAUSES OF DEA
WEDICAL CERTIFICATION MEDICAL CERTIFICATION MAINTERM NOTIFY MEDICAL AT WORK AT WORK 220.1 certify that (1)	INON 19b. CONDITION FOR WHICE CAUSE OF DEATH AL EXAMINER) P.M. P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE (this hospital) attended the deceased from	DAY YEAR 19 216 HOW INJURY OCCURE 19 216 LOCATION STREET	200. AUTOPSY? 206. IF YES, IN CERTIFY! YES NOW YES RED (ENTER NATURE OF INJURY IN ITEM 18, PAR CITY OR TOWN	COUNTY
WEDICATION AMBIEL NOTW WATER TO SOM THE GRAPH (19 MAN)	INON 19b. CONDITION FOR WHICE CAUSE OF DEATH AL EXAMINER) P.M. P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE (this hospital) attended the deceased from	DAY YEAR 19 216 HOW INJURY OCCURE 19 216 LOCATION STREET	200. AUTOPSY? 206. IF YES, IN CERTIFY! YES NOW YES RED (ENTER NATURE OF INJURY IN ITEM 18, PAR CITY OR TOWN	COUNTY
Head for use as the burial-traint permit. They had for use as the burial-traint permit. They had been burial they are the prior to be the minimum of the control of Health and Method of the minimum of the control of t	INON 19b. CONDITION FOR WHICE CAUSE OF DEATH AL EXAMINER) P.M. P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE RK (this hospital) attended the deceased from	DAY YEAR 19 216 HOW INJURY OCCURP 19 216 LOCATION STREET 19 217 LOCATION DEGREE	200. AUTOPSY? 206. IF YES, IN CERTIFY! YES NOW YES CITY OR TOWN 10 19 19 19 19 19 19 19 19 19 19 19 19 19	COUNTY COUNTY S COUNTY COU
Dept of use of the burier transit permit. The Dept of the other permit. The Dept of Health and Mental Hygiene prior to be Dept of Health and Mental Hygiene prior to be Dept of Health and Mental Hygiene prior to be Dept of Health and Mental Hygiene prior to be Dept of Health and Mental Hygiene prior to be Dept of Health and Mental Hygiene prior to the D	DERLYING 216. TIME OF INJURY HOUR A.M. MONTH P.M. RED 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFIC Medicine on 19 and 19	DAY YEAR 19 21f. HOW INJURY OCCURP 19 21f. LOCATION STREET 19 2 ond that in (my) (1001) apinion	200. AUTOPSY? 200. IF YES, IN CERTIFY! YES NO NO NO NO NO NO NO NO NO NO NO NO NO	COUNTY Solution of from the couses stated and the couses stated a
Dept of use of the building permit The Dept of use of the building permit The Dept of the oil of the oil of the oil of the oil of the oil of the oil of the oil of the oil of the oil of the oil of the oil of the oil of the oil of the oil of the oil of the oil of the oil oil oil oil oil oil oil oil oil oil	DERLYING 216. TIME OF INJURY HOUR A.M. MONTH P.M. RED 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFIC Medicine on 19 and 19	DAY YEAR 19 216 HOW INJURY OCCURE 19 216 LOCATION STREET 19 217 LOCATION STREET 19 218 LOCATION STREET 19 219 219 219 219 219 219 219 219 219	200. AUTOPSY? 200. IF YES, IN CERTIFY! YES NO NO NO NO NO NO NO NO NO NO NO NO NO	COUNTY COUNTY S COU
MEDICAL CERTIFICATION MEDICAL CERTIFICATION	DERLYING 216. TIME OF INJURY HOUR A.M. MONTH P.M. RED 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFIC Medicine on 19 and 19	DAY YEAR 19 216 HOW INJURY OCCURE 19 216 LOCATION STREET DEGREE ATTENDING PHYSICIAN	200. AUTOPSY? 200. IF YES, IN CERTIFY! YES NO NO NO NO NO NO NO NO NO NO NO NO NO	COUNTY COUNTY S COU
WEDICATION TO STAND THE THE STORE OF THE ANALYSIS OF THE STORE OF THE	DERLYING 216. TIME OF INJURY HOUR A.M. MONTH P.M. RED 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE RK (this hospital) attended the deceosed from the body after death. S. Chram. MAE (TYPE OR PRINT) A brang	DAY YEAR 19 216 HOW INJURY OCCURE 19 216 LOCATION STREET DEGREE ATTENDING PHYSICIAN	200. AUTOPSY? YES NO NO NO NO NO NO NO NO NO NO NO NO NO	COUNTY 5 COUNTY 5 Ond from the couses st



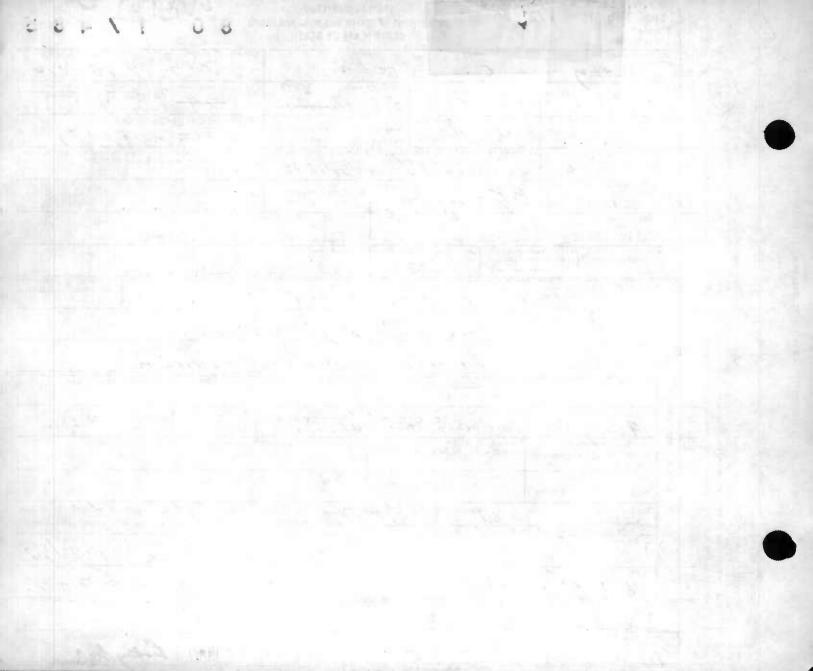
	FOR	tem 5,6	6 G 54	7 9/9/8	O GB DEPART	ST. MENT OI	HEALT	MARYLA H AND M	ND RENTAL H	IYGIEN	E .					
	- STATE REGISTRA	R		MI		EXAMI						REG. NO.	7	4	8	3
T	(TYPE OR PRINT)	AME	FIRST		WIDDLE		77.11	LAST			2a. DATE KI	NOWN S	MONTH	DAY YE	AR 2b.	HOUR
_			Ernest					reene			DEATH A	MATED	7	1819 8		м
	Male	4. RACE Bla		DATE OF BIRTH	YEAR	LAST DICE	DAY) MON	HS DAYS	IF UNDER		PRONOUNCE DEAD	ED	MONTH 7	10	80 B	HOUR 45
7	G. BIRTHPLACE	STATE OR		CITIZEN OF V	HAT COU	VTRY?	8. MARR		EVER MARR	IED L	9. BALTIMO	RE CITY OR	-	Y OF DEAT		AM
ĩ	D. CITY OR TO		H 11	NAME OF HO		IRSING HOA	WIDON		DIVORC			timore		У 5 12b. KIND O	FRIISING	MD.
		timore		1034 M	cAlee	r Cour	t				OST OF WORKI			OR IND		
1:	- CTATE	J.	COUNTY	THER INSTITUTION,	13c. CITY Ba	PERFORE ADMIS	SION)	13d. INSIDE	CITY LIMITS?	13e STRE	et address 34 Mc	Aleer	Ct.	. 119		
Ī	1. FATHER'S N	AME	м	AIDDLE		LAST		15. MOTH	ER'S MAIDE		MIDI		194	LAST		
	Burto				Gre	en		E	Bertha		1		Ada			
l l	(YES, NO, OR U	ASED EVER IN	VU.S. ARMED IF YES, GIVE WAR	O FORCES?		CIAL SECUR		17. INFOR		21/3	13.0	ADDRESS				
=	No	E OF DEATH	(F			-12-87	23	Avc	on Cha	mbers	s 10	34 Mc/	leer			
	PART	I DEATH WAS	S CAUSED BY			ioscle	rotic	Card	103720	oular	Dicos	200		BETWEEN	MATE INTE	DEATH
	140	199"	MMEDIATE C	- VOSE (0)		NSEQUENCE		Outu	10 /45	culai	DISEC	156				
		litions, if any		1												
	caus	rise to in (a) stating th		DUE TO, O	R AS A CON	NSEQUENCE	OF					1 - 1				_
		cause last.		(c)					1100	1675	393			VE		
		ER SIGHIFICANT C	CHOITIOHS CONT	TRIBUTING TO DEAT		ated to the ter			DN GIVEN IN PA	RT 1 (a),				34		
-	19a. DATI	OF OPERATI	ION			WHICH OPE			RMED?					20. AUTOI	PSY?	
	Ĕ												7	YES [) NO	0 😿
	13 6	RNAL CAUSE		21b TIME C		DAY YEA	21c H	OW INJURY	Y OCCURRE	D (ENTER N.	ATURE OF INJUR	Y IN ITEM 18 PA	RT 1 OR PAR			
	CONTRIB	UTING CA	USE OF DEA	TH P.	М.	19		W. C				1.77				
CHAR	21d. INJU WHILE AT WOR	NOT W AT WO	HILE		OF INJURY	[AT HOME, ETC.)		CATION			CITY OR TOWN		cou	NTY		STATE
	22a. 1	ertify that I to	oak charge at	the remains de	scribed abo	ove, held an	Autap	sy 🔲,	Inspection	n .	Inquiry [X, and	in my api	inion	4	
	death re	sulted fram:	Natural c	auses 🔀,	Accident	☐, s	uicide	, Hami	icide	Undete	rmined man					
	ACTUAL	1).	I from the	PA	1.				SPECIFY)	. 4.			DATE	~ !-	0.100	
	SIGNATU	REV	riginia	Lill	uan		N	AS.	sistar	MEDI	CAL EXAMIN	VER	SIGNE		.8/80)
	EXAMINE (TYPE OR	R'S NAME PRINT)	Virg	ginia L	Dola	n, M.	D.	ADDRESS_			111	Penn	Str	eet		
	Se. BURIAL, CRE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MOVAL 23b	DATE	23c. l	NAME OF C	METERY C	R CREMAT	ORY	23d. LOC	CATION		COUN	TY	STATE	
2	Buria 4. FUNERAL D	PECTOR.	7	/22/80	М	t. Cal	vary	Cem.	Inc. DATE	Anr	e Aru	ndel (20.	Md.		
-	NAME		- A-	ADDRES					236. DATE	KEC D. BY	KEGISTRAR	25b. REGIST	KAK'S SI	GNATURE		
_	wm C	March 1	F/H	1101	E. N	wrth A	we.		1111	22	1000	12.04	Buy /	Kel rea	4	

. US STEEL S ent e the sound the color two budgets

	- 1	STATE OF MARYLAND
		1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 1 7 4 8 4
0.	1	REGISTRAR CERTIFICATE OF DEATH
1		DECEASED NAME OF DEATH MONTH DAY YEAR 126 HOUR
proy be proge 3	14	TYPE OR PRINT) 404N A. GREEN 7/20/80 1020 PM
	25	SEX 4. RACE S DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 2 HHS
Page 4 mi	1	MAJE Black MONTH DAY YEAR 10 1917 62 YRS MONTHS WATS HOURS MIN
a p o	N/F	BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 19 CALTIMORE CITY OR COUNTY OF DEATH
death.	130	Prance, VA. U.S.A. WIDOWED DNORCED DATTIMORE CITY MD.
N e e	00	12. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 125 KIND OF BUSINESS OR (TYPEOE WORK FOR MOST OF WORKING LIFE) INDUSTRY
	27	Ballo Provident Driver Cont.
BALTIMORE, MARYLAND 21201 cate be executed within 24 haurs of system and completely filled in by opers. Pages 1 and 2 should be fille wol. it, the medical examinent in the general control of the general con	2	SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 10 STATE 136 COUNTY 136 CITY OR TOWN 136 INSIDE CITY LIMITS? 138 STREET ADDRESS
LAN Jin 2 Iy fill Shou	> \	MD. BAHO YESONO 2803 Chelsen Terr.
E, MARYLA completely 1 and 2 sh	91	FIRST MIDDLE LAST SINGLE CAST
comp 1 on	1	JOHN (ARPEN). PATSY ID WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
MORE, e execut n and ce Pages I medical		(YES NO OR LINKNOWN) (IF YES GIVE WAR OR DATES)
LTIA LTIA Lan Lan Lan Lan Lan Lan Lan Lan Lan Lan	-	
ST., BALTII. ST., BALTII. g physician onpopers. I emavol. event, the r		18 CAUSE OF DEATH Enter only one cause per line for a 16 and 16 and 16 part I. DEATH WAS CAUSED BY PART I. DEATH WAS CAUSED BY
L ST Certi mg p rbon		IMMEDIATE CAUSE (a)
RESTON e death ce s attendin mave corb		Conditions, if any, which () DUE TO, OR AS A CONSEQUENCE OF (RECURRENT).
PRE de de matrial matrial ratro		gave rise to immediate couse (a) stating the DIFTO ORAS A CONSEQUENCE CO.
that the that the by the ease re		gave rise to immediate couse (a), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF
20 5 6 5		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
RDS, ; equire equire in sign r to bu injury,		
ew r bee	0	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO 210 ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 2110 HOW INJURY OCCURRED (ENTER NATURE OF INJURY INTEM 18, PART 1 OR PART 2)
TALRE The lo	9	YES NO YES NO
N OF VITAL SICIANI Thing physicia certificate Prinal-transit ental Hygie ltem 18 sho	/ / /	LORGOVERNATURE DISTARTAL HOUR A.M. MONTH DAY TEAK
ION OF HYSICIA nding ph his certif buriol-1 J Mentol or Item	7	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19
PHYY endir this of build My dor	1	CURE FITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21d. INJURY OCCURRED 21d. NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED 3TREET CITY OR TOWN COUNTY STATE
DIVISI Or offer the se as the colth and marked		AT WORK
END olo olo OR: Heol		220 certify that (1) (this hospital) attended the deceased from 19 0 to 19 0 that (1) (we) last saw the deceased always 20 19 0 and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated
ATTE aspite ECTO d for it af II		obave, (i) (ive) (did) Gid on view the bady after death. 27b. SIGNATURE 27c. DATE SIGNED
HOSPITAL OR ATTEN ned by the hospital FUNERAL DIRECTOR. and be detoched for untersore Dept of the ORTANT: if them 21 is		ATTENDING MEDICAL STAFF
SPITAL d by th NERAL be deto e Stote TANT: II	-	PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME DORPRIND 22e ADDRESS
TO HOSPITAL retoined by t TO FUNERAL should be det with the Stote	1	6. Del Monte
TO HOSI retoined TO FUN should b	+ -	
1/ 20 BP	1	(SPECIFY) P 1 1 7/1 (2) V 1 1 COUNTY 1 STATE
1520	2	FUNERAL DIRECTOR 256. DATE REC'D. BY REGISTRAR[256. 92] STRAF SA
DHMH - 16 60M 1/75 (VR A 15 (4))	ľ	NAME James A Marton Ton Doness 1701 Lauren H 111 23 1980

BAILMORE City

4		eror 1 b 3 6/	21/80 dad DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	0 0 1	7 4 8 5
e pe		CEASED NAME FIRST OR PRINT) ALL	MIDDLE	Green.	REG. NO. 20. DATE OF DEATH MONTH TULY	DAY YEAR 26 HOUR
age 4 may	3. SE		4 RACE White	S. DATE OF BIRTH 1907	6 AGE (IN YEARS LAST BIRTHDAY) 2 YRS	# UNDER 1 YEAR # UNDER 24 H
death. P	C	RTHPLACE (STATE OR FOREIGN DUNTRY) Wash. D.C.	76 CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	
by IIII III	13	ALT IMORE	(IF NOT IN SUCH FACILITY, GIVEST	TY HOSPITAL	17R USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE	126 KIND OF BUSINESS
thin 24 ho	M.	AL RESIDENCE (IF NURSING HOME OR TATE 13h COUN AYYLAND	OTHER LYSTITUTION, GIVE RESIDENCE NITY OR T	YES NO	13r. STREET ADDRESS 6018 Drum Pt. R	d.
ompletely and 2 sho	W	illiam Aubry	Simpson Last		Cecilia Kuhnert	LAST
te be exection and control and and control		VAS DECEASED EVER IN U.S. AR. 100 OR UNKNOWN] 100 OR UNKNOWN] 100 OR UNKNOWN] 100 OR UNKNOWN]	MED FORCES? 166 SOCIALS WAR OR DATES! 579-54-		sty Deale, Md.	APPROXIMATE INTERVAL BETWEEN ONSET AND DE
es that the death certi d by the attending ph- sse remove carbon pal al, cremation, or rem y, or other traumatic	THE STATE OF	PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate cause 1a1, stating the underlying cause lost	DUE TO, OR AS A CONSE	QUENCE OF Magic	SHOCK.	
w requirements signed the pleasure to burion pleasure to burion pleasure to burion plant.	NO	PART 2 OTHER SIGNIFICANT C		TO DEATH BUT NOT RELATED TO THE TERM		EN IN PART 1(a)
V: The la	CERTIFICATION	190 DATE OF OPERATION	Emergency	CH OPERATION WAS PERFORMED hemmorage	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH S NO
HYSICIAN I physician. Inscertificat rial-transit p fental Hygie or Item 18		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	1 110110 1 11 11011711	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18. I	PART 1 OR PART 2]
DING PH trending p After thi After thi s the buri th and Mi marked o	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
al or a STOR: Tuse a if Heal		22a.1 certify that (1) (this hospit sow the deceosed alive on above, (1) (we) (did) (did na	tal) attended the deceased fro 1 Aprily t) view the body ofter death.		death occurred on the date and hou	19 that (1) (we are and from the couses state
by the hospit by the hospit ERAL DIREC e detached fo State Oept. o ANT: If Item		27b. SIGNATURE	who mo	DEGREE ATTENDING PHYSICIAN (MEDICAL STAFF DIRECTOR PHYSICIAN	19/10/10
TO HOSPITAL U retained by the hr TO FUNERAL DI should be detache with the State Oe IMPORTANT: If		27d. PHYSICIAN'S NAME (TYPE O	din			3 ACTO MY
BP	L	Burial, CREMATION, REMOVAL Burial	7/23/80	Redar Hill Cemetery or Crematory	23d. LOCATION CITY OR TOWN TE REC'D. BY REGISTRAR 73% REGIS	COUNTY STATE
DHMH-16 25M (VRA 15, 4) 1/79	20	INERAL DIRECTOR NAME Lardesty Fueral	12 Ridger	y Ave.	JL 22 1980	ACC.



Wester View. 22 1972 98 ualto. Co., in. Us. INSES - . Lo an Lines Divis x c C. Is SEE avelon 3. otnor. Says ser A control of the second CASE II Bleve many at the tell for the second of the secon

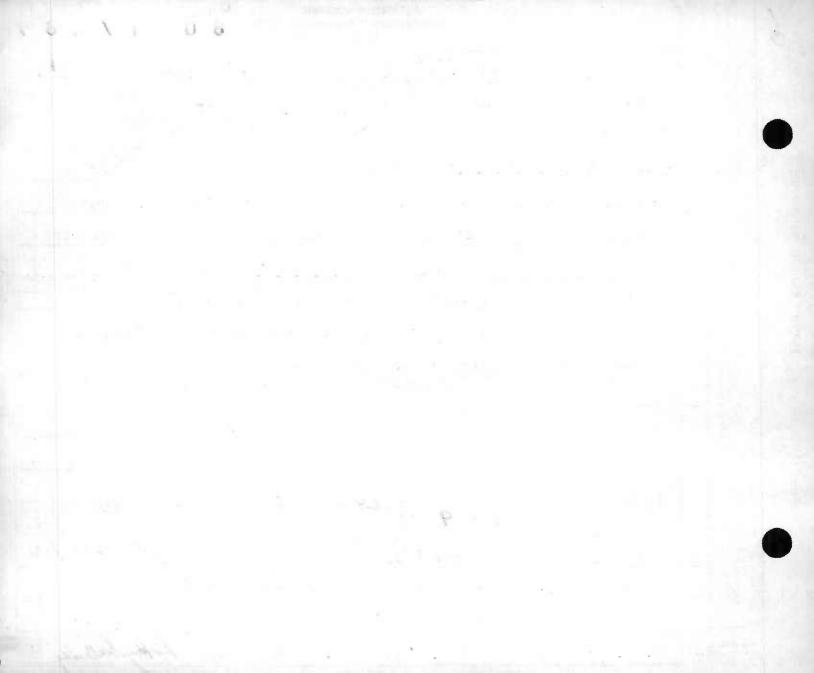
	1			STATE OF MARYLAND		
To lo	1.	FOR STATE REGISTRAR	. DEPAR	TMENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	GIENE 8 0	17487
1 05		CEASED NAME FIRST	MIDDLE	LAST C.	2a DATE OF DEATH MONTH.	DAY YEAR 26. HOUR
	3. SE	VLLIA 1	RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
Page once.	2.0	IN 1818	Black	12 30 18	62 YRS	
death.	C	RTHPLACE (STATE OR FOREIGN OUNTRY) P.F. MISS.	21 5 A	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City or Count	
St be not	10 C	1.4. 44/	(NOT IN SUCH FACILITY GIVE STRE	ING HOME OR OTHER INSTITUTION ET ADDRESS) THOSPI 441	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
filled in uld be miner my	13a :	AL RESIDENCE (IF NURSING HOMEORO STATE 136 COUNT	Y 13c CITY OR TO	ORE ADMISSION) WN 13d. INSIDE CITY LIMITS? YES 🔀 NO	13. STREET ADDRESS, 2101 W. Sar	a toga st
uted with	14 F/	THER'S NAME ARST M M M M M M M M M M M M M	DOLE KEN LAST	15 MOTHER'S MAIDEN NA	MIDDLE	y tast !
e be exected an and copages 1 at the me	16a V	VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) J# YES, GIVEN		19498 SUBIE G.	ADDRESS AIKFIN/GIU M	2,993 048
aw requires that the death certifisen signed by the attending phys. Then please remove carbon pape or to burial, cremation, or removany injury, or other traumatic ev	NO	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE 43 6 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEO	Uralled HB	MINAL DISEASE OR CONDITION G	APPROXIMATE INTEVAL BETWEEN ONSET AND DEATH ETWEEN ONSET AND DEATH IVEN IN PART 1(a)
The last be bermit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	INCERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO
PHYSICIAN ng physician. this certificat urial-transit purial-transit do not let 18		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	RED JENTER NATURE OF INJURY IN ITEM 18	, PART I OR PART 2]
DING PHY trending phy After this can be burial thand Men marked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
OSPITAL OR ATTEN add by the hospital or a substitution of the hospital or a substitution of the detached for use a ne State Dept. of Heal attant.		22e.1 certify that (1) (this haspita saw the decassed alive an abave, (1) (w/e) (did) (did-not) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR P	wew the body after death.	DEGREE ATTENDING	death accurred an the date and he MEDICAL STAFF DIRECTOR PHYSICIAN	pur and from the causes stated THE DATE SIGNED
BP TO HO HOUSE	23a.	SURIAL, CREMATION, REMOVAL PECIFY)	23b. DATE 6 23.	NAME OF CEMETERY OR CREMATORY MF AVS VNN	23d LOCATION PROPERTY M	Sounty STATE
DHMH-16 25M (VRA 15, 4) 1/79	14	Warner of an Ph	layer 63 \$100 \$555	Arlason SJ 250. DA	TE REC'D. BY REGISTRAR 256. REGISTRA	strar's signature

the state of the s 40: " 1845 427287497 Just Congress 1000 1 195 118 1880 Salanghalin a

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) 7:25 P 3. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. MONTH YEAR HOURS WHITE 1932 MALE To BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED WIDOWED 10. CITY OR FOWN OF DEATH IT. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17h, KIMO OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOPKINS LUTO DEALER ALTIMORE BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? pino T. CARMEI 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO (YES NO OR UNKNOWN) LIF YES GIVE WAR OR DATES! APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DE ATH WAS CAUSED BY: autensium tolique PRESTON ST DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which 16) Stuph lo coccus preumonia gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF 3 underlying couse cheno therais mul PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o) DIVISION OF VITAL RECORDS, CERTIFICATION 2 Owna prior 190 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? ö IN CERTIFYING CAUSES OF DEATH? e d entol Hygiene NO YES [NON onsit 71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH fem (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. ö MED 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY S1 ATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from <u>£0</u>, and that in (my) (aur) apinion death occurred on the date and hour and from the couses stated sow the deceased alive on. obove, (1) (we), (did) (did not) view the body ofter death. 22b. SIGNATUA DEGREE 22c. DATE SIGNED + ATTENDING MEDICAL 1221 FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 22d PHYSICIAN'S NAME (TYPE OF PRINT) 77e ADDRESS ld b HOSPITAL ZARY DORNON OHWS 0 DULANEY VALLEY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN BP 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 (VRA 15, 4) CHAPEL OF CHIMES

A CONTROL OF THE CASE OF THE C AND STATE OF THE SECOND SUNDANCE AND GERLANDING WAS ASSESTED TO SERVE AS A STATE OF THE SERVER.

STATE OF MARYLAND



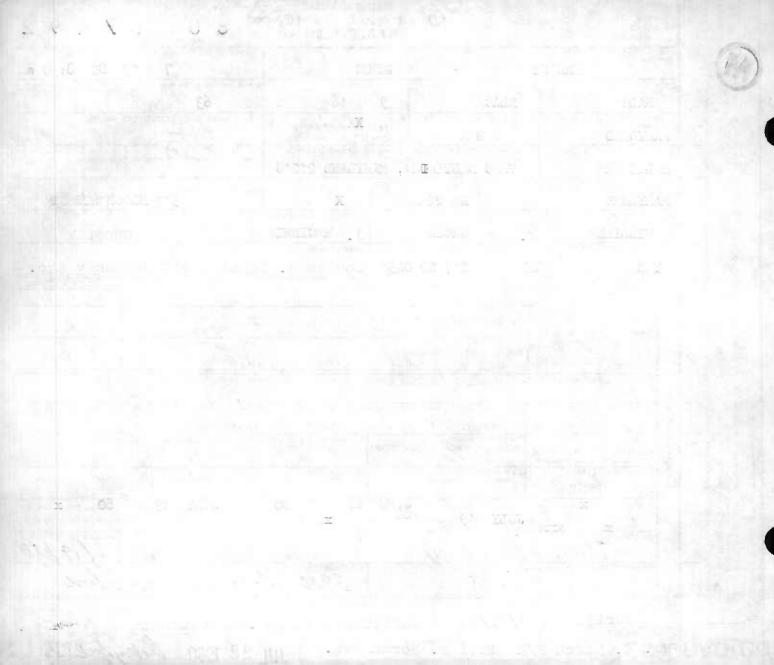
b	1-	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 1 7 4 9 0 CERTIFICATE OF DEATH											
		EASED NAME	FIRST	N	NDDLE		AST		20 DATE OF DE	ATH MONTH	DAY YE	AR 2b. HC	OUR	
(B.A)	3411)	JOHN		XAVIER		GR	GRINNELL			7/16/30			0 11:53P _M	
(ME)	3. SE)			4 RACE		5. DATE C		VEAR	6. AGE (IN YEARS		IF UNDER I	YEAR IF UND	ER 24 HRS	
ag# .	1	MALE		BLACK		MONTH 9	9 14 196		0.0	83 ,	YRS.	DATS ROOKS		
hour hour		RTHPLACE (STATE OR	FOREIGN	U.S.A.		Y? 8 MARRIE	MARRIED NEVERMARRIED		9 BALTIMORE	CITY OR CO	UNTY OF DEAT	/H		
dean dean		MARYLAND				WIDOWED DIVORCED						М		
by the fued within		TY OR TOWN OF DE	ATH	(IF NOT IN SUCI	FACILITY, GIVE STR	EET ADDRESS)				126: USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) CENTER				
ed in the file be file	USU/	AL RESIDENCE (IF NU	RSING HOME OF	R OTHER INSTITUTION,	GIVE RESIDENCE BE		134 INSIDE C	ITY LIMITS?	13. STREET ADD	RESS	- 1.1			
E E E E		ARYLAND		BALTI				17 S. Ellamount			Street			
s she	14 FA	THER'S NAME		MIDDLE	LAST			MAIDEN NA		IDDLE		LAST	1	
nd 2	1	James			rinnel	1		tie_			e	CAST.		
T an med	16a V	AS DECEASED EVE		MED FORCES? 166 SOCIALS					ADDRESS			THE SECOND SECOND		
ages		ES, NO OR UNKNOWN)	(IF YES, GIV	WW 1	220 05	7250	VAMC CI	linical	Records	Balt	o., Md.	2121	8	
ician ers. P. /al.		18 CAUSE OF DEA	TH (Enter o	nly one couse per	line far (a). (b).	and (c)	^				BET	PROXIMATE IN	TERVAL ND DEATH	
phys pape emo		PART I. DEATH	WAS CAUSE	ECAUSE 10) CARDIAC ALLEST							2 min			
bon bon or re		105	IMMEDIA									-		
tenc ion, trau		Conditions, if on	v which	DUE TO, OF	META	STATIC	PRO	STATI	C LAK	CINON	14	LYK	5.	
the at move emati other		gove rise to in	nmediate	10/				0.00						
by the erer		couse (a), state underlying cous	ing the se lost.	DUE TO, OF	R AS A CONSEC	DUENCE OF								
igned I pleas burial injury,		PART 2 OTHER SIG	TALLED AND	(0)	ANITOIDUTING T	O DE ATH BUT	NOT BELATED	TO THE TERM	AINIAI DISEASE O	R CONDITIO	N CIVEN IN DA	PT 1(a)		
	z	PART 2 OTHER SIC		ve -	NIKIBUTING	O DEATH BUT	NOI KELATED	TO THE TERM	WAL DISEASE O	COMPINO	on Circle at 7	KI IIO		
t. Their	CERTIFICATION	19a DATE OF OPER			TION FOR WHI	CH OPERATIO	N WAS PERFO	RMED	20a AUTOPS	Y? 20b.	IF YES, WERE F	INDINGS US	SED	
e has boermit.	일	1/1		170 00.101						ON INC	CERTIFYING CA	USES OF DE	ATH?	
		210 ACCIDENT WAS U	JE NOFBLYING F	7 216. TIME O	F IN II IRY		121r HOW IN	HURY OCCUR	YES N				Ų	
transit paral Hygi		OR CONTRIBUTING	-	- LIOUS A	M. MONTH	DAY YEAR		JONI OCCON	TED TENTENTIAL	0				
o le la	MEDICAL	(IF EITHER, NOTIFY MED				19	211 LOCATIO	ONL						
er th od N nd N ked	WED	214 INJURY OCCU		21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFI	CE, FARM, ETC)	STREET	JN	CII	Y OR TOWN	COUNT	14	STATE	
Aft s the th a mar		AT WORK - AT V	WHILE											
OR: Se a Teal		22a L certify that (I) (this hospital) attended the deceased from JULY 16, 1980, that (I) (we) loss												
ECTO for use of He em 21		saw the deceased alive an JULY 16, 19 80 and that in (my) (aur) opinion death occurred an the date and haur and from the causes stated obove, (I) (we) (did) (did not) view the body after death.												
hospital DIRECT hed for Dept. of		276 SIGNATURE DEGREE 226 DATE SIGNED												
y the IRAL (detack state Day)		Dar	rel -). 1an	nce w	WD		ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIAN	K) 7	/17/80		
Sta Sta	1	226. PHYSICIAN'S	VAME (TYPE	OR PRINT)	3		228 ADDRES							
the OR		Davis	7 F	KINCE	M	D	3000	Tooh P	aven Blv	A Ra	1to M	d 212	18	
TO FUNERAL I should be detach with the State D IMPORTANT: I	22. 1	TO S	U - I			1. NAME OF	EMETERY OR		234 LOCATIO		1.00., Pr	- 4 4 4		
	230 (SURIAL, CREMATION SPECIFY) Buria	, KEMUVAI	7/21/			lemoria		CITY OR TO	imore	County		MD	
	21.5	buria	T	1/21/		KING I	CHOLLA.		E REC'D. BY REG			-		
MH-16 25M	24 FI	NAME NAME			ADDRESS			250. DA		980	his they	Melle	ody	
A 15, 4) 1/79		Wm. C. Ma	rch F	.н. 110	1 E. No	rth Ave	enue	J	OFTG	204	- /	3	1	

Can II and the same and the same and Secusa Smale (1. . T) AMC 11. A Ed I 220 5 7250 VANO Ulinical Accords Balton, Ed. 21215 3900 Lock Naven Bivd. Nalto,, 186 21216 1681 or 101

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME LAST 2a. DATE OF DEATH MONTH 2h HOUR TYPE OR PRINTS CURTIS GROSS 22 80 1:40A 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HR 5 DATE OF BIRTH 24 54 MALE BLACK 26 To. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED NIDOWED DIVORCED MA RYLAND U.S.A. BALTIMORE, CITY D CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 176 KIND OF BUSINESS OR IF NOT IN SUCH FACILITY GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE) BALTIMORE VAMC. 3900 LOCH RAVEN BLVD. 21218 USUAL RESIDENCE HE NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13a STATE 13e STREET ADDRESS 136 COUNTY 13d INSIDE CITY LIMITS? 3610 EVERSLEL ST. 21229 MARYLAND Baltimore 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST William J. Dooley Ruth Gross 60 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 213 62 7380 YES Christine Gross 1110 Ashburton St 18 CAUSE OF DEATH Enter only one cause per line for 101, 16 , and 10 PART I DEATH WAS CAUSED BY 35 mi. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE 10. DUE TO OR AS A CONSEQUENCE OF anditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lia CERTIFICATION 19n DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Sh 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURYAN ITEM 18, PART) OR PART 23 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL or Hem (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21f. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 3900 LOCH RAVEN BLVD. BALTO, MD. 21218 AT WORK 10 80 19...80 that (we) last 220 I certify that (this haspital) attended the deceased from. 19 80 7-21 , and that in (x,y) (our) apinion death accurred on the date and hour and from the causes stated sow the deceased alive on -21

above (a) (we) (did) (A) (A) view the body after death. MPORTANT: If Hem 22h, SIGNATURE 22c. DATE SIGNED DEGREE STAFF ATTENDING should be deta with the State [PHYSICIAN . PHYSICIAN DIRECTOR 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE (SPECIFY) Baltimore Burial MD /26/80 Co. Cedar Hill Cem 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 ADDRESS (VR A 15 (4)) Wm. C. March F/H 1101 E. North Ave.

The state of the s MARKET SEE THE STATE OF THE STA BOLD W. HEREN ME. STOR 213 02 7310 0 2 2 3 PROFES ON STATE OF THE SALTO. SIG. 2004.

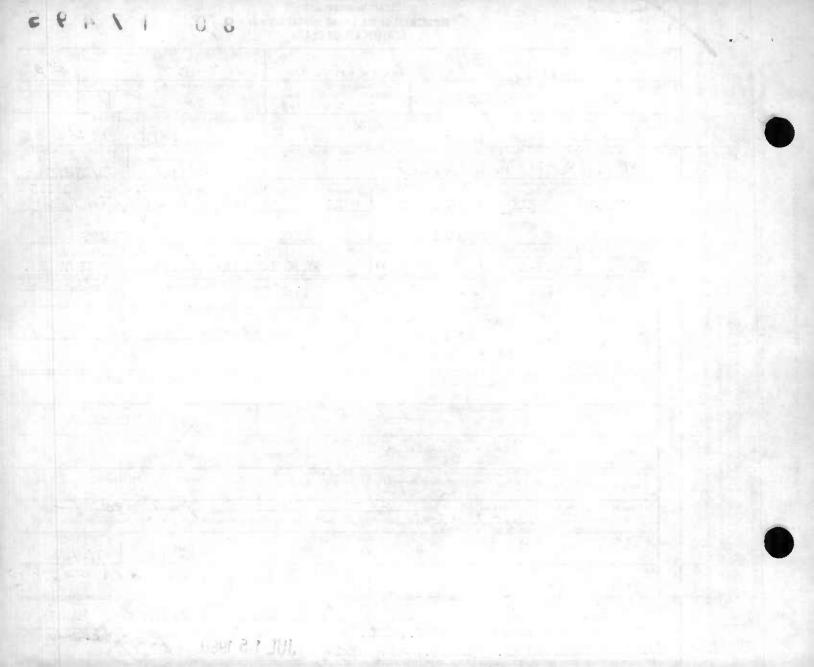


Page Bir di gala From a substate of the last tage and a substate of x Regulation Frederice Pales Stem CELL CELKEININ Vatilies MD X 7/26/80 David WALLAND 352 PREEME SPEECH THE A ROLL OF THE PRINCIPLE OF THE PRINC composition of the state of the

	1	FOR - STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	IYGIENE 8 0 REG. NO.	7494
0.5	1. DE	CEASED NAME FIRST	HAROLD	I GILE	20 DATE OF DEATH MONTH	BA PA 2.18 Y
-	3. SE	X	TARGED	Is, DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	JF UNDER 1 YEAR IF UNDER 24 HRS
#	1	Male	White	03 19 09	77 YRS.	MONTHS DAYS HOURS MIN.
do	70. B	IRTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR		D DALTIMORE CITY OR COUNT	TY OF DEATH
\$0.	Fr	ederick Co., Md.	U. S. A.	WIDOWED DNORCED	Baltimo	ce City MD
3:	10. C	Baltimore		ing Home or other institution the Hospital	120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING Maintenance Sup	
32	M	AL RESIDENCE (IF NURSING HOME STATE 136 COI	or other institution give residence ber UNTY 130 CITY OR TO Itimore Pikesu	ille YESXX NO [? 13e. STREET ADDRESS 227 Church Roo	
13	14 F	athér's name Flavi Te	emple Gue	15 MOTHER'S MAIDEN FIRST ETTa	Jane	Browning
0		WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES? 16b. SOCIAL SE GIVE WAR OR DATES) 218-07-		E. Gue, 227 Church	21208 Lane Pikesvill
of and a Trafficial that statements		2028 Conditions, if ony, which		nater awesh		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH WWW.C
	z	gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN	(6)	THE absuss DEATH BUT NOT RELATED TO THE TE	erminal disease or condition G	IVEN IN PART 1(a)
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO
mem is sn		2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C (HE EITHER NOTIFY MEDICAL EXAMIN	HOUR A.M. MONTH	DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM 18	
*	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is marked		saw the deceased alive	pital) ottended the deceased fram 30 19 not) view the body after death.		ion death occurred an the date and ha	, 19 6 , that (I) (we) lost our and fram the couses stated
II. If Item		27b. SIGNATURE	Trous Win.	DEGREE ATTENDING PHYSICIAN	G MEDICAL STAFF	22c. DATE SIGNED
IMPORTANT: IF		220. PHYSICIAN'S NAME (TYPE	SIEBEUS	120 ADDRESS	pital, Baltmore,	ud.
₹-	23a.	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATOR	CITY OR YOWN	COUNTY STATE
	24.5	Cremation	8/02/80 1	Joudon Park Cremate	ory Baltimore,	Maryland
)	24 F	Loring Byers	Funeral Directo	ors P.A.	DATE REC'D. BY REGISTRAR 256. REGIS	SIKAK'S SIGNATURE
		8728 Inberty	Road, Randallsto	nwn, ma . 21133	HG 5 1980 L	They Malacady

500 10 - 3 60 TOURNESS OF SWINE

(VRA 15, 4) 1/79

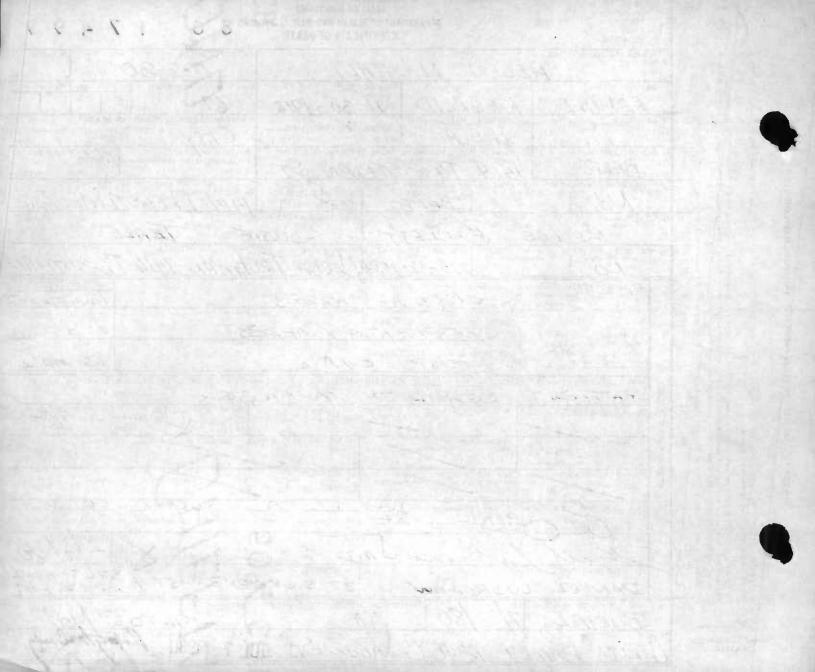


CARCLINE E. HAGAN BALFIIORE CITY SALTIMORE CITY UNION MEMORIAL MOSTIFAL S. DUMSHA, ID UNION LEMONINE HOSETPAL

PHILAMORE Auto My longtra bushemen. The Case no 1-22-8 Bride 205 Greens St Beltimore SIBNEY IN CKLIN with the property and a faithful to the same of the sa

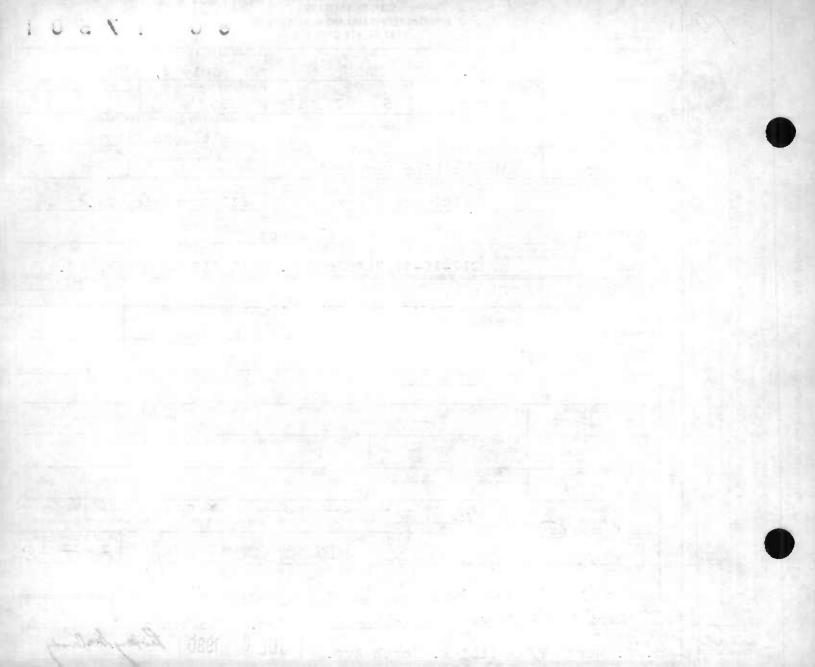
JUL 2.4 1980 P. F. KEULLY . And Citation of Total and the

,	A STATE OF THE PARTY OF THE PAR					ATE OF MARYLAND		1	
1	1 11/1	1.	FOR STATE		DEPARTMENT O	HEALTH AND MENTAL HY	GIENE 8 0	7 4 9	9
	(BELD		REGISTRAR		CERT	IFICATE OF DEATH	REG. NO.		
			CEASED NAME FIRST OR PRINT)	MIDDLE	a intent	LAST	20. DATE OF DEATH MONTH O	PAY YEAR 26 HOL	UR
	ay be age 3 death	11112	H	ELEN	M. H	ALL	7-2-80)	м
	moy .	3. SE	(4 RACE		E OF BIRTH		IF UNDER I YEAR IF UNDE	
Barra F	s offi		FEMALE	NEGRO	17	1-30-1912	67 YRS. "	ONTHS DAYS HOURS	WIN
	Poge direct	70 B1	RTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT C	OUNTRY? 8	RIED A NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH	
	ter death. he funeral within 72 I		DUNTRY) PA,	U.S.A		WED DIVORCED	CITY		MD.
	er de fui	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITA	AL, NURSING HOM	E OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSIN	IESS OR
5	by the filed wi		BALTO.	14/4 F	CESST	MAN ST	(TYPE OF WORK FOR MOST OF WORKING LIFE	INDUSTRY	
212	0 = 0	USU	AL RESIDENCE IN NURSING HOME OF	R OTHER INSTITUTION, GIVE RESI	DENCE BEFORE ADMISSION	N)	13e. STREET ADDRESS 7		
2	auld au	130. 3	136 COO!	4 .	PALTO.	YES NO T	12/14 1-RESS	THAN) =	57.
YLA	shin shin	14. FA	THER'S NAME			15. MOTHER'S MAIDEN NA	IMÉ .	V 5	
AAR	3 00		FIRST CEARCH	MIDDLE E)FI	INFTT	FIRST	1= MIDDLE /EAL	ELAST	
RE, A	- 0		VAS DECEASED EVER IN U.S. AF		CIAL SECURITY NO	. IT. INFORMANT	ADDRESS		
WO	ed og	0	(IF YES, GIV	E WAR OR DATES)	3-32-158	WIFFINA TR	otman 1466	PRESSTI.	TAN
ALTI	0 000		IR CALISE OF DEATH (Enter of	nly one cause per line for	(a) (b) and (c)			APPROXIMATE INTE	ERVAL
60	physici on paper emaval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE		RDIAT	ARREST		IMMEDI	1073
Z S	4 0 9		400 -	TE CAUSE (a)					77.0
STO	e death ce atendin nave carb atton, ar i froumatic		Conditions, if ony, which	DUE TO, OR AS A C	RAIR A		337	2-5	
88	the deat		gave rise to immediate couse (a), stating the	DUE TO OR AS A C					
3	to sex		underlying couse lost.	DUE TO, OR AS A C	12 R	CVA's		13 MO	1 -
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	s the ed		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBL		UT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	EN IN PART 1(a)	
RDS,	sign Then To bu	O	PATIENT	B (30)	RIDER	Y PARAK	3612		
Ö	w r mit. prior	N N	190 DATE OF OPERATION	196. CONDITION FO	OR WHICH OPERA	ION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	, WERE FINDINGS USE YING CAUSES OF DEA	
28	T o o o o	CERTIFICATION			_			NO [
1	G PHYSICIAN: The ottending physicial cert this certificate is the burial-transit and Mental Hygie and Mental Hygie ked at tem 18 sha	1 8	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJUR		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, PA	RT 1 OR PART 2)	THE
Ö	physicians ending phys this certifica he burial-tran nd Mental Hy d or Item 18	N N	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	AID	SIVIII I				
O	HYS of Its of Its of Its	MEDICAL	216. INJURY OCCURRED	210 PLACE OF INJU	ORY, OFFICE, FARM, ETC.	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
N N	DING PH or atter th se as the colth and marked	2	WHILE AT WORK	(AT NOME, STREET, FACT	SAR, OFFICE, FARM, ETC.,				
۵	OR ATTENDING or office hospital or office of the creed for use as the Dept. of Health of Hem 21 is market		220.1 certify that (1) Whis hosp	ital) attended the decea		Y 1 1979	_, to _) ULY Z ,	19, that (I)	(we) lost
	OR ATTEN e hospital DIRECTOR: sched for us Dept. of Hem 21 is	-	saw the deceased alive or above (I) (Ne) (did) did no	at View the body after de	19 80	and that in (my) (our) opinion	death accurred on the date and hour	and from the causes s	tated
	hos hos hed hed hept.		226. SIGNATURE	1, 1	ſ	DEGREE		222 DATESIGNED	40
	the the District of the Distri		Daniel	1 doro	noul.	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/2/9	30
	HOSPITAL FUNERAL Juld be det wild be det H the Store	1	226 PHYSICIAN'S NAME LIVE	OR PRINT]		22e. ADDRESS	9	BALTIM	ORT
	TO HOSPITAL OR ATTER educined by the hospital of FUNERAL DIRECTOR should be detached for with the State Dept. of IMPORTANT: It hem 21		DANIEL	WORDN	ow	22 5 GRE	3818 57/	MP 212	1
	Short Short	23a. E	SURIAL, CREMATION, REMOVAL			F CEMETERY OR CREMATORY	23d. LOCATION		STATE
15/1	BP	(BURIAL	17/ 180)		CITY OR TOWN,	COUNTY Ud, S'	INIE
1001	DHMH - 16 50M 7/77	24. FI	UNERAL DIRECTOR	1	ADBRESS /	25a. DA	TE REC'D. BY REGISTRAR 256. REC	RAR'S SIGNATURE	du
	(VR A 15 (4))	1/1	ERUNN BAIL	E4 134	B (ALt.	DUN OT. J	UL 7 1980	7	7



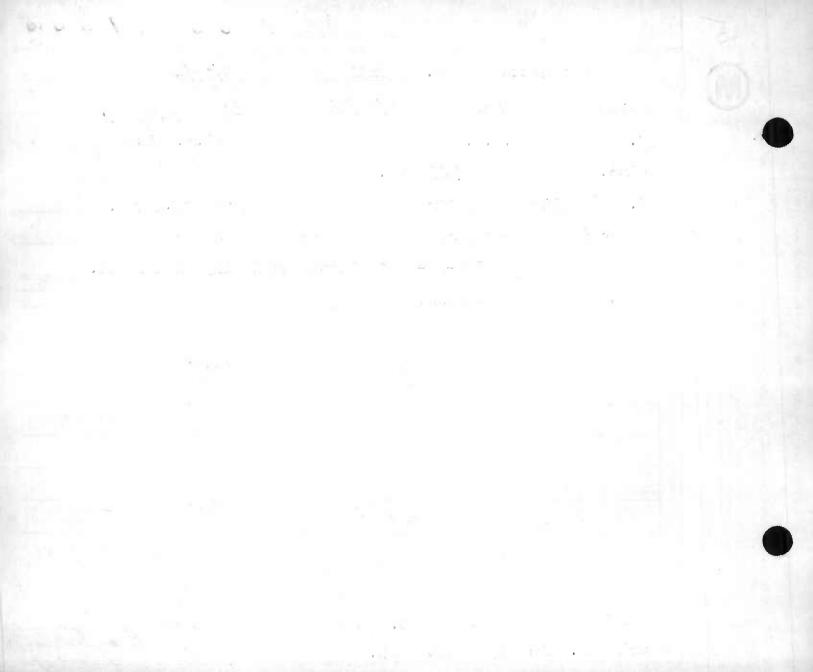
6	1 -	STATE		NT OF HEALTH AND MENTAL HY	GIENE 25 CS	1 1 20 12 0 1
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO	, I / b U (
ath ath		CEASED NAME OR PRINTS JAN	1ES MODIE	HAII	2n. DATE OF DEATH	7 9 80 9:35
	3 SE)	MALE		DATE OF BIRTH	AGE JIN YEARS LAST BIRTH	HDAY) IF UNDER 1 YEAR IF UNDER 24 HI MONTHS DAYS HOURS MIT YRS.
	70. BII	RTHPLACE (STATE OR FOREIGN PLANTRY). CAPOLINA	USA	MARRIED NEVER MARRIED	BALTIMORE CITY OF	R COUNTY OF DEATH
by the turn of within	10 CI	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING IN NOT IN SUCH FACILITY, GIVE STREET AD	HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (147PE OF WORK FOR MOST OF	ON 126 KIND OLAUS NESS
in 24 hp	USUA	AL RESIDENCE HOURSING HOME OR OF	THER INSTITUTION, GIVE RESIDENCE BEFORE ALL Y 134 CITY OR TOWN	MISSION) DIBIT INSIDE CITY LIMITS? NO. FI	IJR STREET ADDRESS	N MonRoc St
ripletary od 2 thos	14. FA	THER'S NAME FIRST MIN	Hall LAST	15. MOTHER'S MAIDEN NA	ME	Purnell
be exect.	16a W	VAS DECEASED EVER IN U.S. ARMI ES, NO OR UNKNOWN)	ED FORCES? 166 SOCIAL SECURI AR OR DATES) 2/2-09-	24 /	Hall 1004	N. Monroe St.
requires that the de nater signed by the atter en please remove care to burial, cremation y injury, or other tra	Z	Conditions, if ony, which gove rise to immediate couse (o), stofing the underlying couse lost	DUE TO, OR AS A CONSEQUEN (c) DIDITIONS CONTRIBUTING TO DE	h turaus.	NINAL DISEASE OR CONE	DITION GIVEN IN PART 1(0)
: The law e has beer permit. The ene prior shows an	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH O	PERATION WAS PERFORMED	200 AUTOPSY?	200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
PHYSICIAN: Tr ng physician. this certificate ha urial-transit perm Mental Hygiene d or Item 18 sho	MEDICAL CERT	2]0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
IDING PI Strending Stree th Stree bur Ith and N marked	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, FARI	A, ETC.) 211 LOCATION STREET	CITY OR TOW	N COUNTY STATE
A ATTEN spital or a RECTOR I for use a t. of Hea		220.1 certify that (1) (this haspital saw the deceased alive proposed, (1) (we) (did) (did not).	7/9/102	/ /	death occurred on the do	te and hour and from the couses stated
TO HOSPITAL O'R A retained by the hospin TO FUNERAL DIREC should be detached for with the State Dept. of IMPORTANT: If then			nt	DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	
d b d b		22d. PHYSICIAN'S NAME TYPE OR PI	NYUNT	22e ADDRESS		" "
TO HOSPITAL retained by the TO FUNERAL should be detac with the State IMPORTANT:		1/1/1/			23d LOCATION	

DESTRUCTION City PARIS LUMEREN HOSPITAL NOTES OBETTO I DE L'ANTE MINOR DE L'ANTE



TALI BROWN TUAN BALTIMORE ST AGNES HOSPITAL 212-14-212 BACSTINE W. M.L. 309 LE 3424 E 21220

THE PROPERTY AVERAGE CATENAUTELE, NO. 11 13 TORREST AND ADDRESS OF THE PARTY AND ADDRESS OF THE



REED STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST L DECEASED NAME 2e DATE OF DEATH MONTH 2h HOUR TYPE OR PRINT MARY Bridget JULY 1980 10:1 HALLER 4 RACE 3 SEX 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH DAYS YEAR HOURS Female. White Dec 8, 1919 BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED WEVER MARRIED COUNTRY Ireland U.S.A. BALTIMORE CITY WIDOWED DIVORCED [] 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12e USUAL OCCUPATION 17h KIND OF BUSINESS OR AF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Baltimore JOHNS HOPKINS HOSPITAL Housewife JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TS COUNTY 13c CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore Maruland 2715 Bauonne Ave YES X NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Michael Monaghan Reillu Mary ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I IF YES, GIVE WAR OR DATES! 212-28-1868 Mrs Ruth C German 5602 Fair Oaks Ave NO APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY SHODDIMONSHY DIES IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost SWND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20h. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T NO [burial-transit produced Mental Hygi 718 ACCIDENT WAS UNDERWING 716 TIME OF INJURY 21c HOW INJURY, OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING P CAUSE OF DEATH WEDICAL UNCHOWN 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 71e PLACE OF INJURY THE LOCATION (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) CITY OR TOWN COUNTY STATE ARCIW TA AT WORK 22s.1 certify that (If (this hospital?) attended, the deceased from tow the decebeed after off obove. (If (we) did idid not view the body after death applian death occurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE 27: DATE SIGNED CENTIFICATIONS APPROVED HEALINGEDICALT ARAMI MPORTANT: PHYSICIAN DIRECTOR PHYSICIAN TO FUNERA should be det with the Stat 72d. PHYSICIAN'S NAME-LIVE OF PRINTY 27e ADDRESS 23a BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE STATE Gardens Of Faith Baltimore, Maryland 7/17/80 Burial 25e. DATE REC'D. BY REGISTRAR 25b. STRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH-16 25M** Leonard J Ruck Inc. Baltimore, Maryland (VRA 15, 4) 1/79

A THE RESIDENCE OF THE RESIDENCE OF THE PARTY OF THE PART

8007003 Serger small or to see the The second of th TEXT. The man is the matter of the contract of the c Service Control of the ADDRESS

FOR

24 FUNERAL DIRECTOR

DHMH-16 25M

(VRA 15, 4) 1/79

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

250 DATE REC'D. BY REGISTRAR 25% REGISTRAR'S ST

macci Elect 1 st se se com mo ich Brech Ch \$306 Signi Hespitale PE TELLE MO SALE - PARTIES IN HAMILA EVENT SALES

Female Female Female Female Female Female Female Family OR FOREIGN 76 DEATH 11	Negro CITIZEN OF W U.S. NAME OF HO (IF NOT IN SUCH 1317 N	A. OSPITAL, NURS FACILITY, GIVE STRE	5 DATE C MONTH 2 Y? 8 MARRIEI WIDOWE	23 1911 DE NEVER MARRIED	6 AGE IN YEARS LAST BE 69 9 BALTIMORE CITY	YRS	ONTHS DAYS	IF UNDER	
Female Fo. BIRTHPLACE (STATE COUNTRY) Maryland 10 CITY OR TOWN OF Baltimor USUAL RESIDENCE (#) 13a. STATE Maryland 14 FATHER'S NAME	OR FOREIGN 76	Negro CITIZEN OF W U.S. NAME OF HO (IF NOT IN SUCH 1317 N	/HAT COUNTRY A. OSPITAL, NURS FACILITY, GIVE STRE	5 DATE C MONTH 2 Y? 8 MARRIEI WIDOWE	DF BIRTH 23 1911 DE NEVER MARRIED	69 9 BALTIMORECITY	YRS	ONTHS DAYS	_
Maryland Baltimor USUAL RESIDENCE #1 Maryland Maryland Maryland Maryland Maryland	DEATH 11	U. S. NAME OF HO	A. OSPITAL, NURS FACILITY, GIVE STRE	2 Y? 8 MARRIEI WIDOWE	23 1911 D NEVER MARRIED	9 BALTIMORE CITY	YRS		HOURS
Maryland Baltimor USUAL RESIDENCE #1 Maryland Maryland Maryland Maryland Maryland	DEATH 11	U. S. NAME OF HO	A. OSPITAL, NURS FACILITY, GIVE STRE	Y? 8 MARRIEI WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY		F DEATH	
Maryland Baltimon USUAL RESIDENCE IN 13a. STATE Maryland 14 FATHER'S NAME	DEATH 11	U. S. NAME OF HO	A. OSPITAL, NURS FACILITY, GIVE STRE	WIDOWE			-		
Baltimon Baltimon USUAL RESIDENCE IN 13a. STATE Maryland 14 FATHER'S NAME	DEATH 11 CE NURSING HOME OR OT	1317 N	OSPITAL, NURS		DI DIV(38(PD 1 1	4 Dall.			
USUAL RESIDENCE IN 130 STATE Maryland 14 FATHER'S NAME	CE NURSING HOME OF OTI	1317 N	FACILITY, GIVE STRE		OR OTHER INSTITUTION	Balti	The state of the s	126 KIND O	DE BUSINI
USUAL RESIDENCE IN 130 STATE Maryland 14 FATHER'S NAME	NURSING HOME OR OT			EET ADDRESS)		(TYPE OF WORK FOR MOST		INDUSTRY	1 000111
Maryland 14 FATHER'S NAME	136 COUNTY	THE RESTRICTION C			Avenue				
I FATHER'S NAME			I CITY OR TO	NWO		130 STREET ADDRESS			
			Baltim	ore	YES NO	1317 Nort	:h Kenhi	III Av	enue
	MIDI	OLE	LAST		15. MOTHER'S MAIDEN NAM	WIDDLE		EAS	iT
Albert			Henson		Alice			Ford	
I SE WAS DECEASED EN			146 SOCIAL SEC	CURITY NO	17 INFORMANT	ADDI	₹ESS		
			212-16-	-4445	John Hammond	1317 North	1 Kenhil		
11 CAUSE OF DE	EATH (Enter only o	ane cause per li	ne for (a), (b), (and ici.i	(MAPROX SETWEEN	MATE INTE
PARTE DEAT			LIVE	-R	TAILURE				
	IGNIFICANT COM	NDITIONS COM	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE OR COM	VDITION GIVEN	N IN PART 10	D1
190 DATE OF OPE		196 CONDIT	ION FOR WHIC	H OPERATION	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFYI	ING CAUSES	OF DEAT
210 ACCIDENT WAS		216. TIME OF	INJURY		1216 HOW INJURY OCCURE				
OR CONTRIBUTION					TO COME TO SE				
214. INJURY OCC				19	211 LOCATION				
WHILE NO	T WHILE	(AT HOME, STREE	T, FACTORY, OFFICE	E, FARM, ETC.)	STREET	CITY OR TO	JWN	COUNTY	\$1
-	-	Sottended the	decaysed from	Accor	10 80	7/4/	80 "	0	that (I)
			-80 10		d that in (my (our) apinion o	death occurred an the	date and hour o	and from the	
	r) (did) (did not)/v	iew the body of	ser death.				4		
110.010.1111.016		601	111		ATTENDING	MEDICAL STA	AFF		
1774 PHYSICIAN'S	NAME (TYRE OF BE	- //	11/			DIRECTOR PHYS	CIAN	1///	00
		1	(D				c pn/p	A T TO	MD/
		1					ם אטון פ	ALIO.	/נוויו
						CITY OF TOWN	ore Mai	Dar Pano	ST
		1/0/17		MICHIO	TE CELLETY	TOT CTIL	TICH LICH	- 1 Tand	
2	PART I. DEATH Conditions, if cover rise to cause its, st underlying co PART 2 OTHER S PART 2 OTHER S PART 2 OTHER S OR CONTRIBUTING [WE ETHER NOTHY MA THE CONTRIBUTING [WHILE NO ATTHE SIGNATURE 224 PHYSICIAN'S BERNAI BERNAI BERNAI BERNAI BORNIAL CREMATIC	Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause lost PART 2 OTHER SIGNIFICANT COL 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (# FETHER, NOTHY MEDICAL EXAMINER) 210. INJURY OCCURRED WHILE NOTHY MEDICAL EXAMINER) 210. INJURY OCCURRED WHILE NOTHY MEDICAL EXAMINER) 210. SIGNATURE 220. PHYSICIAN'S NAME (TYPE OF PR BERNARD J. Y 230. BURIAL, CREMATION, REMOVAL (SPECERY)	DUE TO, OR Canditions, if any, which gove rise to immediate cause ia), stating the underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS COT PART 2 OTHER SIGNIFICANT CONDITIONS COT 19a DATE OF OPERATION 19b CONDITI 21a ACCIDENT WAS UNDERLYING 21b TIME OF HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED DUE TO, OR AS A CONSECTION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OR CONTRIBUTING TO CONTRIBUTION TO CONTRIBUTIO	18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause last DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause last DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMI PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMI 190 DATE OF OPERATION 190 CONTRIBUTING CAUSE OF DEATH (# EITHER, NOTIFY MEDICAL EXAMINER) 210 NIJURY OCCURRED 210 PLACE OF INJURY P.M. 190 211 LOCATION STREET AT WORK AT WORK AT WORK 212 PLACE OF INJURY AT WORK AT WORK AT WORK AT WORK 213 LOCATION STREET 214 PHYSICIAN'S NAME (TYPE OR PRINT) BERNARD J. YUKNA, M.D. 215 NAME OF CEMETERY OR CREMATORY 216 NAME OF CEMETERY OR CREMATORY	18 CAUSE OF DEATH (Enter only one cause per line for [a1, [b1, and ic.]] PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	18 CAUSE OF DEATH (Enter only one cause per line for 101, 101, and 101.) PART 1 DEATH WAS CAUSE BY IMMEDIATE CAUSE (a) IMMED	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, QR, AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause io.), stating the underlying cause lost DUE TO, QR, AS A CONSEQUENCE OF (b)	

BESTIATO J. LUCIA, L.D. 404 BOWLEYS CURRENS CURRENS CONTROL OF THE PROPERTY OF

THE RESERVE OF THE PERSON OF T Sand Carried Sand March Street

Table 12 Y S			
		25. 4. 25. 4.	
	de carte la line		
		All selicons . 1s.f-	once carl
Total Ballote		and delication of	
			al mile
would transct.	PAGE THE CALL		
	on any se		

10-	1-	FOR STATE REGISTRAR			IEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 0	1751
\\(\hat{n} \\ \frac{1}{2} \\ \hat{n} \\ \hat		CEASED NAME FIRST HAR	RY B	JORN /	HANSEN	2e. DATE OF DEATH	THE SON YEAR 2b. HOUR
The state of the s	3. SE		4. RACE		OF BIRTH H DAY YEAR O 9 11	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 H MONTHS DAYS HOURS MILE YRS.
uneral direction 72 hours of ance.	, c	RTHPLACE (STATE OR FOREIGN OUNTRY) LO, NORWAY	US.A.	OUNTRY? 8 MARRIE WIDOW	D NEVER MARRIED	BALTIMORE	
by the full with illed with notified	B	ALTIMORE		RITAN HO	S P. TAL	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O ENGINEER	
filled in auld be	USU 13a M.	AL RESIDENCE (IF NURSING HOME O STATE ARYLAND	R OTHER INSTITUTION, GIVE RESID NTY 134, CITY BAI	DENCE BEFORE ADMISSION Y OR TOWN LTIMORE	YES NO .		UNIVERSITY PKWY.21
mpletely ond 2 sh	14. F/	BJORN	MIDOLE	NSEN	15. MOTHER'S MAIDEN N FIRST ELISE	MIDDLE	SUNBERG
te be execut ician and ca pers. Pages 1 bl.	16a. V	VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GIV NO	/E WAR OR DATES)	-20-4485A	MARY K. HA	addri NSENSAME	
faw requires that s been signed by the straint. Then please thriat to buriat, cr. s any injury, ar oth	CERTIFICATION	PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT OF OPERATION	riste AD	UTING TO DEATH BU	NOT RELATED TO THE TER ANDMA ON WAS PERFORMED	RMINAL DISEASE OR CON	IDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
JAN: The physician. Tificate has Ji-transit pe tal Hygiene m 18 shaw		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MC			YES NO	YES NO NO NO NO NO NO NO NO NO NO NO NO NO
r this the bund W	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJUI (AT HOME, STREET, FACTO	IRY ORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	WN COUNTY STATE
al OR ATTEND the hospital of al DIRECTOR: letached for use ite Dept. of Hee T. If Hem 21 is n		220.1 certify that (1) (this hosp saw the deceased alive or above. (1) (we) (did).(did no 22b. SIGNATURE	7-19-	19 80	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	MEDICAL STA	
HOSPI bined b FUNE buld be th the Si		22d. PHYSICIAN'S NAME (TYPE OF EORIGE	RURIAN	/	Good Sam	17	ntel, Baltinue
BP		BURIAL, CREMATION, REMOVA (SPECIFY) REMATION	23b. DATE 7/21/1980		CEMETERY OR CREMATOR	RY BALTIMO	
BP	24. F	REMATION UNERAL DIRECTOR T.THE BROOKS BRA			25a. D		PE MARYLANI PESE RESISTRAT'S SIGNATURE PESE RESISTRAT'S SIGNATURE PESE RESISTRAT'S SIGNATURE PESE RESISTRATION OF THE PES

11251	0 8	The state of the s
eters -	* 3 ,	
		1 11 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
OFFICE	CLEREN	init on twine may be to bein
פרוים כד, "פניים		Surround Contractor
		WILLIAM IN GILES EVA
		STOTELL STREET, CONTROL OF THE STREET, CONTRO
		total part total part of the state of the st
		Control of the second s
		0/0
ONE, MO.	Eur gan	BUTTLE SOMWING SKOT SMITH AND SHARE

1	11-	STATE			EPARTMENT OF				2 (1	1	7	5 1	1)
		REGISTRAR		WEL	DICAL EXAMIN	ER'S C		OF DEA	PH U R	EG. NO.		2 1	4
D, WITHIN 72 HOURS W, PRESTON STREET,		PE OR PRINT)			MIDDLE		LAST	20	OF EST	WN X MO	ONTH DA	YEAR	26. HOUR
EET,			Ethe:				rrison	=100	DEATH MAT	ED 🗌	7 17		M
	3 SE		4 RACE	5. DATE OF BIRTH	YEAR 09 6. AGE (IN YE	AY) MONTH	DER 1 YR. IF UNDER		RONOUNCED	MÓI	NTH DA		2d HOUR 9:28
	-	emale	negro	76. CITIZEN OF WH	110	RS.			. BALTIMORE	CITY OR CC	7 17	17	Рм
3<	F	OREIGN COUNTRY)	MD	USA		MARRI	ED NEVER MARR	RIED				PUEAIN	
_	10 C	ITY OR TOWN	OF DEATH	11. NAME OF HOSE	ITAL, NURSING HOME			12a USUA	Baltime AL OCCUPATION	N (TYPE OF W	ORK 126 K	KIND OF BU	MD.
		Balti	more		Druid Hill	Ave.		FOR MO	ST OF WORKING L	IFE)		OR INDUSTR	RY
	USU 13a	AL RESIDENCE	(IF IN NURSING HOME O	ROTHER INSTITUTION, GIV	RESIDENCE BEFORE ADMISSI	ON)	13d. INSIDE CITY LIMITS?	liza STREE	TADDRESS				
5		MD			Baltimo	re	YES NO	18	42 Dri	uid H	i11	Ave.	
	14. F	ATHER'S NAME FIRST		WIDDLE	LAST		15. MOTHER'S MAID	ENNAME	MIDDLE			LAST	
		Marsh			Holsey		-		1	1	VA	_	
	166.	YES, NO, OR UNKNO	DEVER IN U.S. ARA	AED FORCES? WAR OR DATES)	16b. SOCIAL SECURIT	Y NO.	17. INFORMANT			DRESS			
	-	No			N/A		Robert (Gross	1842	Drui			
		PART I DE	F DEATH (Enter anl ATH WAS CAUSED	y one cause per line to BY:	or (a), (b), and (c).) cinoma of	nanar	oog reith -	not	0.00		86	APPROXIMATE ETWEEN ONSET	AND DEATH
		157	9 IMMEDIAT	E CHOOL (0)	S A CONSEQUENCE (eas with h	metast	ases				
		Condition	s, if ony, which	DOE TO, OK	S A CONSEQUENCE	Jr.							
			e to immediate stating the under-	(b)	S A CONSEQUENCE)F							
		lying cou	se lost.	(6)		'							
		PART 2 OTNER SIG	SNIFICANT CONDITIONS C	ONTRIBUTING TO GEATH BE	IT NOT RELATED TO THE TERM	INAL OISEASE	OR CONDITION GIVEN IN PA	ART 1 (g).					
	ON O												
	CAT	19a. DATE OF	OPERATION	196. CONDITI	ON FOR WHICH OPER	ATION W	AS PERFORMED?			STICE S	20	PARTTA YES LX	T .
	E E								1			YES X	NO 🗆
3	MEDICAL CERTIFICATION	UNDERLYING	L CAUSE WAS		MONTH DAY YEAR	21c. HC	W INJURY OCCURRE	ED (ENTER NA	TURE OF INJURY IN	ITEM 18 PART I	OR PART 2)		
	NCA	CONTRIBUTIN	IG CAUSE OF D	P.M.	FINJURY (ATHOME.	216 100	ATION						
	ME	WHILE	NOT WHILE		RY, FARM, ETC.)		TATION		CITY OR TOWN		COUNTY		STATE
		AT WORK	AT WORK			PART	TAS						
				e of the remoins desc		PART		on L.	Inquiry .	ond in m	ny opinion		
		death resulte	d fram: Nature	al couses K.	Accident, Sui	cide 🔲	Hamicide	Undeterr	mined manner	<u></u>			
		ACTUAL	Usam	a Da	lass	19	TITLE (SPECIFY)	at-		D	ATE -	7 10 0	0
_		SIGNATURE_	()	~ ~~~	407	M.	o. Assistar	MEDIC.	AL EXAMINER	SI	GNED	7-18-8	<u> </u>
		EXAMINER'S I	Vame Vir	ginia L.	Dolan, M.D.	4	ADDRESS 111	Penn	St.				
	23a. B	URIAL CREMAT	ION,REMOVAL 23		23c. NAME OF CEA			23d. LOC.			COUNTRY		
	_ '	SPECIFY) Bur	ial	7/23/801	Mt. A	ıburı	n Cem.		ltimo		COUNTY	STA	MD
5))	24. F	UNERAL DIREC	TOR	ADDRESS				REC'D. BY RI	EGISTRAR 256	REGISTRAF	r's signa		
1	W	m. C.	March F	/H 1101	E. North	h Av	e.	JL 24	1980	people	my/10	Creod	y

1 & C to 0 S to 1 starting of the 1 & 1 & 1 THE THE PERSON OF THE PERSON O

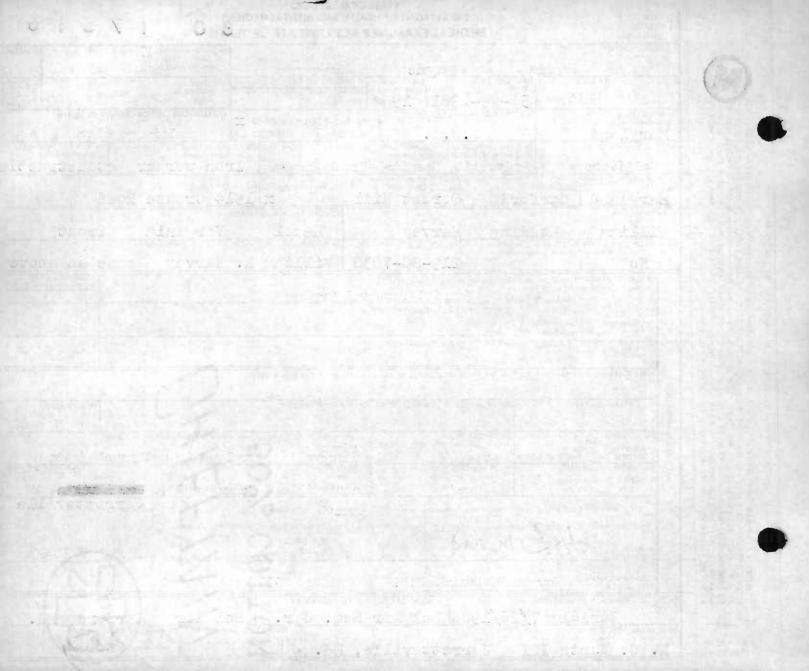
. O STREET LOADER STREET DEFECT OF THE STATE OF THE STAT 119.156 120-18-0583 JANUS L. CANGRON: WORKS, 21229-00-HOY & JUL

	eci n dankia e ecan uso	erch 22, 1541	all and the state of the state	18 .0 .11 .0	
provides to:	n dantaa	Indicad	elingua County	.0 .10 49	
					mostres
27.27.19			Total Control of the		
Total G				a fant da s	to I will
		Susan		n sight.	15007
neville, il 21	Prison. Brow	free Belluc S	705-12-102		
A	9.47 15	DA - KINE	Was you	1	Va.
03/1/8		Value Car	ler !	# Bu	
Enfantle M	24E K	40 80 V		reder ?	EE
14		the Carolege	n 72F 08=1		1-1-11-8

1	1	FOR	DEPA	STATE OF MARY		0 0	175	1 15
1	11.	STATE REGISTRAR		CERTIFICATE OF		REG. NO.	1 / 2	1 4
		CEASED NAME FIRST ELLA	MIDDLE	HART	20. D	ATE OF DEATH MONTH	-20-80	5A
n. Page 4 may to director, page ours after deal at once.	3 SE		BLACK	S DATE OF BIRTH	YEAR 6. AC	GE IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	FUNDER 24 HRS
er death. Page funeral directoring 72 hours af otified at once		RTHPLACE (STATE OR FOREIGN OUNTRY) GEORGIA	CITIZEN OF WHAT COUNT	MARRIED WEVER	MARRIED L	LTIMORE CITY OR CO		IMUR
the with	10 0		11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER IN	STITUTION 120	USUAL OCCUPATION OF WORK FOR MOST OF WORK OUT SEWIF	INDUSTRY	BUSINESS OR
24 hours led in by the filed i	USU 13e	AL RESIDENCE (IF NURSING HOME OR OSTATE)	OTHER INSTITUTION, GIVE RESIDENCE B	OWN 134 INSIDE		TREET ADDRESS	TAC = M	0.
d within 2 should 2 should	14. F.	ATHER'S NAME	IDDLE D LAST	MORCE YES TO NOTHER	NO CONTROL NAME	MIODLE MIODLE	MAGE MI	1-1
comp t and		NAS DECEASED EVER IN U.S. ARA YES, NO QR (MYK)(OWN) (# YES, GIVE	AED FORCES? 166 SOCIAL S	ECURITY NO. 17 INFORM	ELLA	ADDRESS	CHAN	EGUZ
cate be exician and rs. Pages al.		No	219-	8-6975	MEDICA	L KEOKI	2 S S APPROXIMA	HOSP.
o certifical ng physici on papers. r removal.		PART I. DEATH WAS CAUSED IMMEDIATE	BY CAUSE (a)	LMONARY	EMBO	DLISM	FEL	HOUPS
death tendii carb on, o		Conditions, if any, which	DUE TO, OR ASIA CONST	G THON	1BOPHL	EBITIS	UNKI	YMOL
es that the at ase remove al, cremati		gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE	QUENCE OF				
requir n signer nen ple to buri y injur	N N	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	10 DEATH BUT NOT RELATE	ED TO THE TERMINAL	PUL MON!	N GIVEN IN PART 1101	30LISM
The property of the property o	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WE	ICH OPERATION WAS PERF		a AUTOPSY? 20b.	FYES WERE FINDING CERTIFYING CAUSES O YES []	S USED F DEATH?
PHYSICIAN: ng physician. this certificate urial-transit per Mental Hygien d or Item 18 st	/ 1	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	215. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	INJURY OCCURRED (ENTER NATURE OF INJURY IN IT	EM 18, PART 1 OR PART 2)	
No as a se re	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	211 LOCAT	TION	CITY OR TOWN	COUNTY	STATE
or at or at OR: J		220.1 certify that (I) (this haspite saw the deceased plive an	0-12	om 10-15	y) (our) opinion death	occurred on the date on		ot (I) (we) lost
OR ONE SOLUTION OF THE SOLUTIO		obove, (I) (did not 278. SIGNATURE	view the body after death.	DEGREE	ATTENDING ME	DICAL STAFF	7-70 DATE SI	GNED O
TO HOSPITAL retained by the P TO FUNERAL E should be detach with the State D IMPORTANT: I		224. PHYSICIAN'S NAME (TYPE OR	PRINT)	22e ADDRI		ECTOR PHYSICIAN (BOLTO.	MD.
TO FI	23a	BURIAL CREMATION, REMOVAL	23b. DATE	23c NAME OF CEMETERY OF	R CREMATORY 23	LOCATION DY OR TOWN,	1 0 COUNTY) 2	15/27
ВР 2 онмн-16 25м	24. F	UNERAL DIRECTOR	7/24/3V	638 N.G.L.		D. BY REGISTRAR 25b. R	EMSTRAR'S SIGNATUR	-/
(VRA 15, 4) 1/79	6	Marles H. Couty (For	Marshell P. Ha	yes)	F. JUL 2	3 1980	restrations	7

2 1 2 V := 0 8 TRACE AND ADDR STILL THE TOTAL EVILLATION BOST STOMITAR MD. VALTIMOREL OF ENTRY LATINGE ALERE Water A. ALUS SETTING SUTAEN Manual Manual In the Manual In TULM KARY CHESCHIM PER KNIZ DEPLOYED THE STATE OF PREVIOUS IN COURSE AT THE WORK Y I WINDLESM 1-20 miles ALERADA LANGUA ANDER DA MARKO 11 62 1930 Lifem like and

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST 20. DATE KNOWN XX MONTH YEAR 2b. HOUR (TYPE OR PRINT) OF ESTI-19 80 Dennis Wavne Harvey 3. SEX 4 RACE S. DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2c. DATE 2d. HOUR 3:18 LAST BIRTHDAY) MONTHS PRONOUNCED Male White -29-1961 19 80 9 DEAD YRS D . M To BIRTHPLACE (STATE OR 6 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Maryland WIDOWED [Baltimore City DIVORCED 2, AND 3 TO THE B 3. RETAIN PAGE SHOULD BE FILED AL RECORDS, 301 W. 0 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS OR INDUSTRY Baltimore University Hospital-Shock Trauma Iron worker Construction USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 36 COUNTY 21201 13c. CITY OR TOWN 136 STREET ADDRESS 13d. INSIDE CITY LIMITS? 914 Crouse Road Harford Forest Hill YES 🗌 NO DE RM PM 3. AND 2 SH 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST illiam Redding Virginia Trout Haze] Harvey 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) William R. Harvey 219-80-7038 same as above 18. CAUSE OF DEATH (Enter only ane couse per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Cranial-Cerebral IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT P AND MENTAL HYG ON, OR REMOVAL. onditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. CREMATION, C DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES X 3 SHOULD BE DEPARTMENT C NO [116. TIME OF INJURY
HOUR AND MONTH DAY YEAR 210. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) X OR driver of UNDERLYING 0 MEDICAL 7:05P.M. 20 1980 CONTRIBUTING CAUSE OF DEATH motorcycle involved in motorcycle/auto PRIOR 2 le PLACE OF INJURY 21d. INJURY OCCURRED 211. LOCATION collision STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK AT WORK 201 Road Norrisville & Schuster Rd. EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST BALTMORE, MARYLAND, 21: ARYLANDIZ 220. I certify that I taak charge of the remains described above, held an Autopsy Inquiry death resulted from: Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL DATE Assistant MEDICAL EXAMINER 7-24-80 SIGNATURE EXAMINER'S NAME Hormez R. Guard, M.D. 111 Penn Street (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE Mem. Harford . Md Bel Bel BP. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) Kurtz Jarrettsville. Md 15M 7/77



VIII V Madagran on the pattern take A though production of the second secon

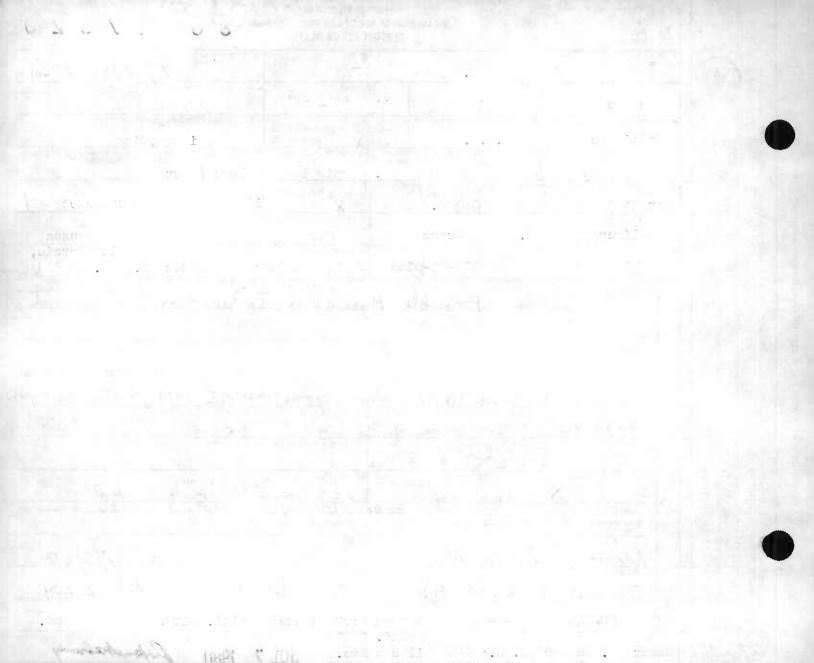
Halfilling Bills - 24 J. A. M. Turne Translation Da. Hon Cardie Harlinson of the after Westernate West Concurred Complete Kills Mills And Silver X The fall 7005 and 400 4 40 School H. Harlistin 121.

(VRA 15, 4) 1/79

STIPORE ST. NOMES (NOSELAL LESSES)

Le god CATON AVE. ETETITORE, F1222

(VRA 15, 4) 1/79



Balto. Md. 21213

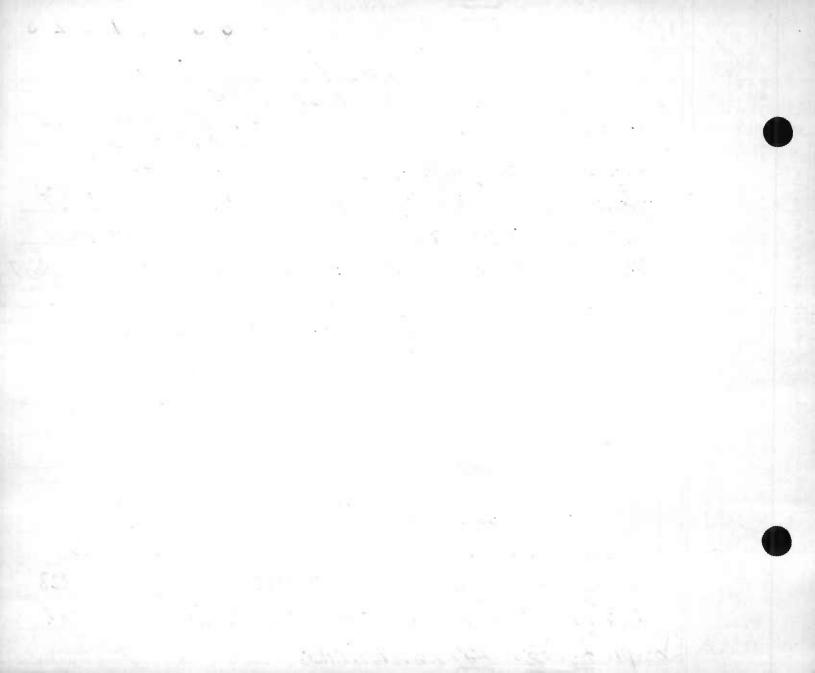
(VRA 15, 4) 1/79

Home, Inc.

Charles Stranger to the disease Vive

						OF MARYLAND				
	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HY	GIENE 8 0	10.	7 5	2 2
		CEASED NAME FIRST	MIDD	DIE	11.	AST	28 DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
		HNdreu		/	MAY	BA		7-3	-80	5:30AM
1	3 SE	× ,	4 RACE		5. DATE C		& AGE (IN YEARS LAST BE			IF UNDER 24 HRS
11	1	Male	Kehite	6	5	10 94		YRS.		
179		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WH	IAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED	Balto.		F DEATH	MD
//pe no	10 C	Himore		SPITAL, NURSIN	G HOME C	R OTHER INSTITUTION	12n USUAL OCCUPA (TYPE OF WORK FOR MOST	ION	12b. KIND OF INDUSTRY	BUSINESS OR
er milis	USU	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIV		ADMISSION		1			
iner	I JR	STATE	JNIY	CITY OR TOW	2	YES NO NO	IBR STREET ADDRESS			
exam	14. FA	THER'S NAME				15 MOTHER'S MAIDEN NA	ME		1 y	
		FIRST	WIDDLE	LAST		FIRST	MIDDLE		2 LAST	
the medical		VAS DECEASED EVER IN U.S. A res, no or unknown) (IF YES, G	IVE WAR OR DATES)	SOCIAL SECUI		17 INFORMANT	ADDI	RESS		
event,	_	IN CAUSE OF DEATH (Enter of							APPROXIM	NATE INTERVAL
any injury, or other	NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(c) 1	S A CONSEQUE	left	lipe les	will vaile	YO'T ION GIVER	N IN PART 1(a	5
shows	CERTIFICATION	19a DATE OF OPERATION	196 CONDITIO	ON FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	200. IF YES, YES	WERE FINDING ING CAUSES O	GS USED OF DEATH? NO []
Item 18		2 TR. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	EATH HOUR A.M.		Y YEAR	21¢ HOW INJURY OCCUR	RRED (ENTER NATURE OF IN)	URY IN ITEM IB, PAR	T I OR PART 2)	
marked or	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21R PLACE OF	INJURY FACTORY, OFFICE, FA		211 LOCATION STREET	CITY OR TO	NWO	COUNTY	STATE
S		22e certify that (1) (this has	pital) attended the d	eceased fram_		19	, to), tl	hat (I) (we) last
m 21		saw_the deceased alive a above) (1) (we) (did) (did)	inthe body of	19	, an	d that in (my) (our) apinian	death occurred an the	date and haur o	and from the c	auses stated
ANT: If Ite		27b. SIGNATURE	T) Real	d M.	0	DEGREE ATTENDING PHYSICIAN		AFF	7/3	180
MPORTANT:		221. PHYSICIAN'S NAME (TYPE	OF PRINT!	EQ		22R ADDRESS	CHAS. S	7. 21.	>30	/
3 ≥	230 (URIAL, CREMATION, REMOVA SPECIFY) Removal	7/3/80		IAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	C	OUNTY	STATE
6 25M	24 FI	INERAL DIRECTOR		ADDRESS		250. DA	TE RECID. BY REGISTRA			
. 4) 1/79	7	natomy Board	I		Md.	J	DF 1 (1980	juga	rey Mal	resoly

3	1	FOR - STATE REGISTRAR		HEALTH AND MENTAL HYG	IENE 8 0	17	5 2 3
2 600		CEASED NAME FANNI	e t	Azel		7-13-80	2 2h HOUR
0ge 4 mo	3, 58	Female 1	0/, 9	OF BIRTH	A AGE INCHASTRA	YRS.	AYS HOURS MAN
december of the 72 ho	74. 8	Wici U		ED NEVER MARRIED DONORCED D	BALTIMORE CITY O	COUNTY OF DEATH	(//cgMD.
by the	7		DOLPHEN	51.	Home n		ID OF BUSINESS OR
hin 24 ho	1	STATE 136 COUNTY	131 CONOR TOWN	134 INSIDE CITY LIMITS? YES NO []	134 STREETADORESS	Dolphy	154
corted wit		Joseph MOON F	ST THE SOCIAL SECURITY NO	17 WEFORMANT	A ADDR	UNK	roux
e be exe	L	NAS DECEASED EVER IN U.S. ARMED FORCE 15. NICOROGENOWN IN 18 YES GIVE WAR OR DATE 18 CAUSE OF DEATH (Enter only one couse	\$14-58-1285	Thrs. Alic	e Carle	17511	Dollhis
the deoth certificate the ottending physic remove carbon pape remaiton, or removal ner traumatic event, the		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ID Conditions, if ony, which gove rise to immediate couse Io1, storing the DUE TO	Inu witi	sclevoti Cu	diò vascul	C	h-onic
low requires that is been signed by the perior to bural, created by the perior to bural, created by the perior to bural, created bural, creat	CATION	PART 2 OTHER SIGNIFICANT CONDITION 190 DATE OF OPERATION 190 CO			INAL DISEASE OR CON	206. IF YES, WERE FIN	NDINGS USED
The cron.	CERTIFICAT				YES NO	IN CERTIFYING CAU	NO 🗌
ding physics of the state of th	MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	AE OF INJURY P.A.M. MONTH DAY YEAR P.M. 19		RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART I OR PART	2)
TNG Ph of the the of the orked orked	WED	WHILE NOT WHILE (AT HOM	CE OF INJURY E. STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO		STATE
ATTENDO hospital or RECTOR A hed for use spt of Heal	l	220.1 certify that (1) (this hospital) attended sow the deceased alive an above, (1) (we) (did) (did not) view the b	UKP 19 80	and that in (my) (our) apinion o	death occurred on the d		
# # # # # # # # # # # # # # # # # # #		226 SIGNATURE CUSTOMO MULICO	idio		MEDICAL STA	FF S. D	14/80
TO HOSPITAL retained by the TO FUNERAL should be det with the State IMPORTANT.		EUGENIO S. MA	CHADO	827 LINU	DEN AVE	BALTO MI	1 41228
13BP	23a	SURIAL CREMATION, REMOVAL 230, DATE SPECIFY DURIAL 7-	18-80 MT.	HUDURN CEMP	13d LOCATION	f COUNTY	min
DHMH-16 20M	24 €	UNERAL DIRECTOR	ADDRESS /	1 +1 1 250. DATE	E REC'D. BY REGISTRAR	9-1.	NATURE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH U REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH 2b. HOUR (TYPE OR PRINT) ESTI-D. .Tohn Hazel DEATH MATED 21 1980 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS SEX 4 RACE DAY DATE 2d HOUR 57 YRS PRONOUNCED 21 7:43A 80 8 22 5 DEAD black male FUNERAL 5 FOR V TO BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY USA MD WIDOWED DIVORCED X Baltimore City III. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY Baltimore 1206 N. Wolfe Street USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 13c CITY OR TOWN Baltimore 13h COUNTY 134 INSIDE CITY LIMITS? 1206 N. Wolfe St. MD YES X NO [14. FATHER'S NAME AND 2 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Celia Frisby Pete Hazel 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS DIVISION (YES, NO. OR UNKNOWN) Celia Hazel 1206 N. Wolfe St. 214-16-9044 No CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY HYGIENE Cachexia IMMEDIATE CAUSE (6) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) **IFICATION** 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? BURIAL, YES [] NO XX VARDED TO THE CAGE 3 SHOULD BE ATE DEPARTMENT (CERTI 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY INITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR 21g. PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 21f. LOCATION CIRET FACTORY, FARM, ETC. STREET CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK Aspection XX 22a. I certify that I took charge and in my opinion WITH THE death resulted from: Homicide Undetermined manner TITLE (SPECIFY) 7/21/80 ACTUAL PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, BALTIMORE, MA DATE Denuty Chiefedical EXAMINER SIGNATURE SIGNED EXAMINER'S NAME Thomas D. Smith M.D. (TYPE OR PRINT) ADDRESS 111 Penn 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE 7/26/80 Baltimore Cem. Baltimore Burial MD BP. 24 FUNERAL DIRECTOR 25a. DATE REG'D, BY REGISTRAR RAR'S SIMNATURE **DHMH-17** 1980 VR A15 ME (5)) 1101 E. North Ave 15M 7/77 March F/H

7-			
m. 22. X			Salar aring
			1007107512
			ar resultation
		10000	
		10.00	
Walter ins		Market Halls	
		1.00	
	and a side of		
		o Marianti de Caranti	

MIDDLE

DHMH - 16 50M 1/76 (VR A 15 (4))

FOR

- STATE

TYPE OR PRINTE

REGISTRAR

DECEASED NAME

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE _, that (1) (we) lost and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED COUNTY STATE Burial rbutus wem Pk July Raltimore 24 FUNERAL DIRECTOR Herbert E Nutter 3035 W North

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

2b HOUR

HOURS

126. KIND OF BUSINESS OR

Hunter

IF UNDER 24 HRS

Post

IF UNDER I YEAR

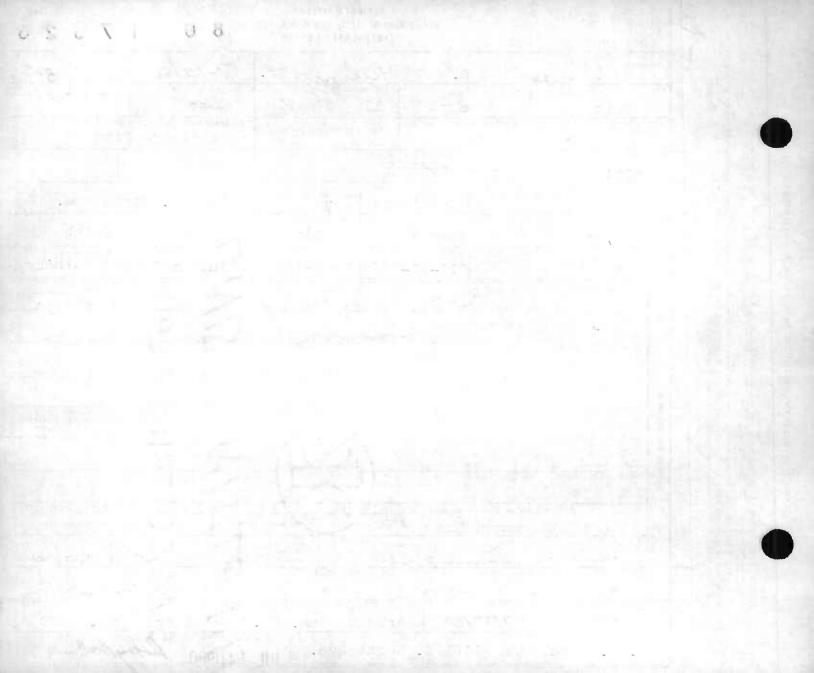
INDUSTRY

II. S

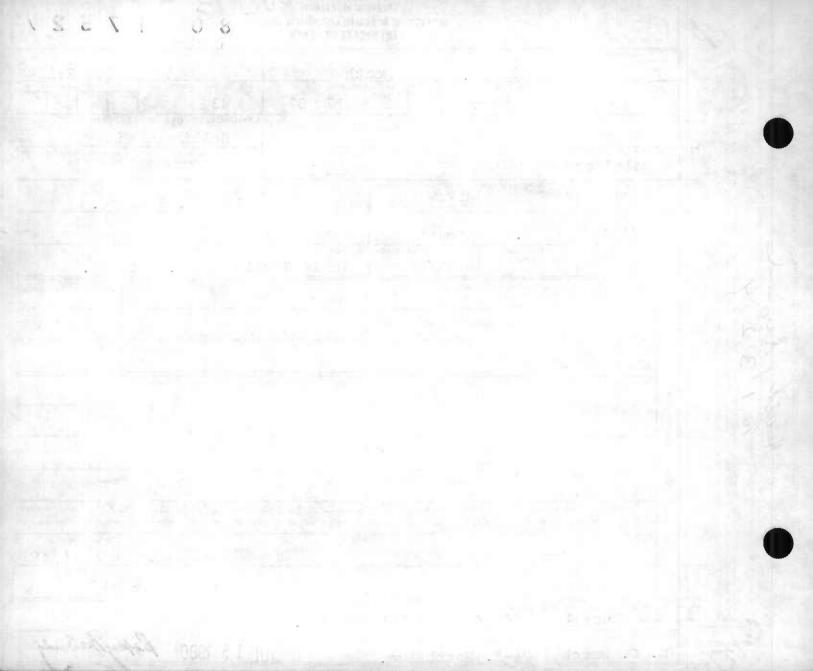
20. DATE OF DEATH

12 1708 71 vrs. NATE STORE CITY I by more little to the last lot that a last the ATTEC No. SEAL NO. OF SEAL STATE Head Dead Man all the ended to the Asia Indiana

(VR A 15 (4))



		FOR			E OF MARYLAND		a tora in all in
P	1.	FOR STATE REGISTRAR			HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO	11/52
		CEASED NAME FIRST	MIDDLE		LAST		MONTH DAY YEAR 26. HOUR
e I	(1.77		nuel L.	He	ath		7 13 80 2:15
may may	3 SE		4 RACE	S. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIRTH	MOAY] IF UNDER 1 YEAR IF UNDER 24 H
Page 4 may		Male	Negro	MONT	17 35	43	YRS. MONTHS DAYS HOURS ME
n. Pa	70 B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	DUNTRY?	M	BALTIMORE CITY OF	COUNTY OF DEATH
neral 72 h	1	GA	USA	WIDOW	ED NEVER MARRIED	Baltim	ore City
oy the fu	10 €	Baltimore	11. NAME OF HOSPITAL	, NURSING HOME (OR OTHER INSTITUTION	12e. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF	ON 126, KIND OF BUSINESS
tilled in by the filled in by the filled in by the filed when the filled with	USU. 13a S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDE NTY 13c. CITY			130 STREET ADDRESS 1804 E.	30th St.
shou shou	14. F/	THER'S NAME			15. MOTHER'S MAIDEN NA	ME	
		Willie		ath	Magnoli	A MODIE	Mapp
d comple s 1 and 2	Ióa. V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOC	TAL SECURITY NO.	17 INFORMANT	ADDRES	
h and ages	(NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	N/A	Minnie Jew	el 1804 E.	. 30th St.
ers. Fall.		18 CAUSE OF DEATH (Enter or					APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
C ev C ev		PART I. DEATH WAS CAUSE	D BY	Residentin	y Arrest		BETWEEN ONSET AND DEA
of Spinor of the spinor of the		5th Parts Ca	TE CAUSE (a)	1			
dear cart nn,		2/87	DUE TO, OR AS A CO	The same of the sa			
attra attra		Canditians, if any, which	(16) Cup	pay 61 bles	duy, aspendion	. hyps fenous	
oth oth		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CO	DATE OF THE PARTY OF		,	
± M≥ 5 5		underlying cause last.	DUE TO, OKAS A CC	INSECUENCE OF			The second second
ned oleas ury		DARKS OTHER CLOSUES CANT	(c)				
requence to be to	z	PART 2 OTHER SIGNIFICANT	shaliz Lives	disease	NOT RELATED TO THE TERM	INAL DISEASE OR COND	DITION GIVEN IN PART I (a)
an Th	1 8	19g DATE OF OPERATION					20h. IF YES, WERE FINDINGS USED
T 10 15 10			176 CONDITION FOR	R WHICH OPERATIO			
mit.	Š	THE DATE OF OPERATION			N WAS PERFORMED	200 AUTOPSY?	IN CERTIFYING CAUSES OF DEATH?
	RTIFIC					YES NO NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
	CERTIFICATION	210. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCUR	YES NO NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MON	NTH DAY YEAR		YES NO NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
PHYSICIAN: The physician of this certificate ha urial-transit perm Mental Hygiene d or Item 18 sho		210. ACCIDENT WAS UNDERLYING	HOUR A.M. MON	NTH DAY YEAR	21c HOW INJURY OCCURR	YES NO S	IN CERTIFYING CAUSES OF DEATH? YES NO NO VINITEM 18, PART 1 OR PART 2)
ny physician, or physician, or this certificate ha urial-transit perm Mental Hygiene or tem 18 sho	MEDICAL CERTIFICA	21g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE	HOUR A.M. MON	NTH DAY YEAR 19	21c HOW INJURY OCCUR	YES NO NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO VINITEM 18, PART 1 OR PART 2)
PHYSICIAN: The physician of this certificate ha urial-transit perm Mental Hygiene d or Item 18 sho		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFF MEDICAL EXAMINER) 214. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	HOUR A.M. MOP P.M. 21e PLACE OF INJUR (AT HOME, STREET, FACTOR	NTH DAY YEAR 19 Y RY, OFFICE, FARM, ETC.)	21c HOW INJURY OCCURR	YES NO S	IN CERTIFYING CAUSES OF DEATH? YES NO NO NO NO NO NO NO NO NO NO NO NO NO
ny physician, or physician, or this certificate ha urial-transit perm Mental Hygiene or tem 18 sho		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER) 214. INJURY OCCURRED WHILE AT WORK AT WORK 226 1 certify that (1) (this haspi	HOUR A.M. MOP P.M. 21e PLACE OF INJUR (AT HOME, STREET, FACTOR	NTH DAY YEAR 19 Y NY, OFFICE, FARM, ETC.) ed fram 7/	216 HOW INJURY OCCURR 216 LOCATION STREET	YES NO REPORTED NO REPORTED PROTECTION OF TOWN	IN CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE , 19 , that (I) (we)
ATTENDING PHYSICIAN. Ital or attending physician, 1 CTOR: After this certificate ha or use as the burial-transit perm of Health and Mental Hygiene m 21 is marked or Item 18-sho		218. ACCIDENT WAS UNDERLYING COCONTRIBUTING CAUSE OF DECLIF EITHER, NOTIFY MEDICAL EXAMINER; 214. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK Souther Southe	HOUR A.M. MOP P.M. 21e PLACE OF INJUR (AT HOME, STREET, FACTOR	NTH DAY YEAR 19 Y NY, OFFICE, FARM, ETC.) rd from 7/	216 HOW INJURY OCCURR 216 LOCATION STREET	YES NO REPORTED NO REPORTED PROTECTION OF TOWN	IN CERTIFYING CAUSES OF DEATH? YES NO NO NO NO NO NO NO NO NO NO NO NO NO
Ital or attending physician, 10 CTOR: Atter this certificate and use as the burial-reasis permor of Health and Mental Hygene m 21 is marked or Item 18-sho		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER) 214. INJURY OCCURRED WHILE AT WORK AT WORK 226 1 certify that (1) (this haspi	HOUR A.M. MOP P.M. 21e PLACE OF INJUR (AT HOME, STREET, FACTOR	NTH DAY YEAR 19 Y ev, OFFICE, FARM, ETC.) od fram 19 19 10 10 11	216 HOW INJURY OCCURR 216 LOCATION STREET	YES NO REPORTED NO REPORTED PROTECTION OF TOWN	IN CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE , 19 , that (I) (we)
AL OH A I TENDING PHYSICIAN The hospital or attending physician. Continued to the hospital or attending physician. Continued for use as the burial-transit perm to Dept. of Health and Mental Hygiene T. If Item 21 is marked or Item 18-sho		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEI (IF EITHER, NOTIFY MEDICAL EXAMINER) 218. INJURY OCCURRED WHILE ATWORK ATWORK 228. I certify that (1) (this haspi saw the deceased alive an obove, (1) (we) (did) (did no	HOUR A.M. MOP P.M. 21e PLACE OF INJUR (AT HOME, STREET, FACTOR	NTH DAY YEAR 19 Y ev, OFFICE, FARM, ETC.) od fram 19 19 10 10 11	216 HOW INJURY OCCURR 216 LOCATION STREET 19 00 nd that in (my) (aur) aprinian of DEGREE ATTENDING	YES NO RED (ENTER NATURE OF INJURY CITY OR TOWN 10 7/13 death occurred an the da	IN CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE COUNTY STATE 19 , that (I) (we) te and have and from the causes stated
he hospital or attending physician, for the hospital or attending physician, for the hospital or attending physician, for the hospital or attending the set the burial-transit perm to be per of Health and Mental Hygiene Tr. If Item 21 is marked or Item 18-sho		218. ACCIDENT WAS UNDERLYING CORCONTRIBUTING CAUSE OF DEC. (IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED WHILE AT WORK AT WORK 220 I certify that (1) (this haspi saw the deceased alive an abave, (1) (we) (did) (did no 226 SIGNATURE	ATH HOUR A.M. MOP P.M. 21e PLACE OF INJUR (AT HOME, STREET, FACTOR atol) attended the decease 11 view the body after deat	NTH DAY YEAR 19 Y ev, OFFICE, FARM, ETC.) od fram 19 19 10 10 11	216 HOW INJURY OCCURE 216 LOCATION STREET 19 00 nd that in (my) (aur) apinion of DEGREE ATTENDING PHYSICIAN	YES NO RED (ENTER NATURE OF INJURY CITY OR TOWN 10 7/13 death occurred an the da	IN CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE COUNTY STATE 19 , that (I) (we) te and have and from the causes stated
he hospital or attending physician. Can be hospital or attending physician. At DIRECTOR: After this certificate has tached for use as the burial-transit perme e Dept. of Health and Mental Hygene T. If Item 21 is marked or Item 18-sho		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTHY MEDICAL EXAMINER) 214 INJURY OCCURRED WHILE AT WORK AT WORK 220 I certify that (1) (this haspi saw the deceased alive an above, (1) (we) (did) (did no 226 SIGNATURE 224 PHYSICIAN'S NAME (TYPE O	ATH HOUR A.M. MOP P.M. 21e PLACE OF INJUR (AT HOME, STREET, FACTOR ital) attended the decease 11 view the bady after deat	NTH DAY YEAR 19 Y ev, OFFICE, FARM, ETC.) od fram 19 19 10 10 11	216 HOW INJURY OCCURE 216 LOCATION STREET 19 TO THE PROPERTY OF THE PROPERTY	YES NO STAFF	IN CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE COUNTY STATE 19 1, that (I) (we) te and hour and from the couses stated 22c. DATE SIGNED 7 / 13 / 80
he hospital or attending physician. AL DIRECTOR: After this certificate ha rached for use as the burial-transit perm e Dept. of Health and Mental Hygene T. If Item 21 is marked or Item 18-sho		218. ACCIDENT WAS UNDERLYING CORCONTRIBUTING CAUSE OF DEC. (IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED WHILE AT WORK AT WORK 220 I certify that (1) (this haspi saw the deceased alive an abave, (1) (we) (did) (did no 226 SIGNATURE	ATH HOUR A.M. MOP P.M. 21e PLACE OF INJUR (AT HOME, STREET, FACTOR ital) attended the decease 11 view the bady after deat	NTH DAY YEAR 19 Y ev, OFFICE, FARM, ETC.) od fram 19 19 10 10 11	216 HOW INJURY OCCURE 216 LOCATION STREET 19 TO THE PROPERTY OF THE PROPERTY	YES NO RED (ENTER NATURE OF INJURY CITY OR TOWN 10 7/13 death occurred an the da	IN CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE COUNTY STATE 19 , that (I) (we) te and have and from the causes stated
Independent of the property of the property of the property of the property of the property of the property of the State Dept. of Health and Mental Hygene ORTANT: If Item 21 is marked or Item 18-sho	WEDICAL WEDICAL	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTBY MEDICAL EXAMINER) 214 INJURY OCCURRED WHILE AT WORK AT WORK 220 I certify that (I) (this haspi saw the deceased alive an above, (I) (we) (did) (did no 278 SIGNATURE 224. PHYSICIAN'S NAME (TYPE O RAY W UNIAL, CREMATION, REMOVAL	HOUR A.M. MOP P.M. 21e PLACE OF INJUR (AT HOME, STREET, FACTOR atol) attended the decease 7/12 atoly view the body after deal Company APPRINT]	NTH DAY YEAR 19 Y ty, OFFICE, FARM, ETC.) od fram 19 th.	216 HOW INJURY OCCURE 216 LOCATION STREET 19 TO THE PROPERTY OF THE PROPERTY	YES NO STAPE NO STAPE MEDICAL STAPE DIRECTOR PHYSICI 1234 LOCATION	IN CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE 19 1 that (1) (we) te and haur and from the causes stated 22c. DATE SIGNED 7 / 13 / 80
ALOR ATTENDING PHYSICIAN. The hospital or attending physician. OUD INTECTOR: After this certificate has tached for use as the burial-transit permete Dept. of Health and Mental Hygiene T. If Item 21 is marked or Item 18-sho	WEDICAL WEDICAL	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEI (IF EITHER, NOTHY MEDICAL EXAMINER) 218. INJURY OCCURRED WHILE NOTWHILE ATWORK ATWORK ATWORK 220. I certify that (1) (this haspi saw the deceased alive an above, (1) (we) (did) (did no 22b. SIGNATURE Ray 22d. PHYSICIAN'S NAME (TYPE O	HOUR A.M. MOP P.M. 21e PLACE OF INJUR (AT HOME, STREET, FACTOR atol) attended the decease 7/12 atoly view the body after deal Company APPRINT]	NTH DAY YEAR 19 Y AY, OFFICE, FARM, ETC.) od from 19 th. 7 19 23c NAME OF C	211 LOCATION STREET 19 80 nd that in (my) (aur) apinion of DEGREE ATTENDING PHYSICIAN [22e ADDRESS	YES NO PARED (ENTER NATURE OF INJURY) CITY OR TOWN 10 7/13 death occurred an the da MEDICAL STAFI DIRECTOR PHYSICI	IN CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE 19 1, that (I) (we) te and have and from the causes stated 22c. DATE SIGNED FAN 7/13/80 COUNTY STATE

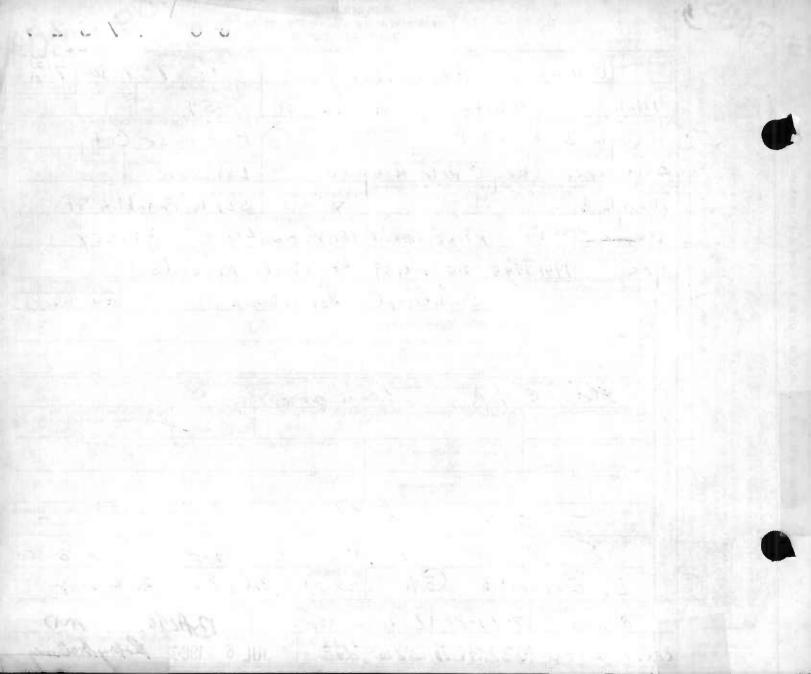


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20. DATE OF DEATH 26 HOUR TYPE CREWNS. KATRINA D. 105 Jule 3. 5EX 4 RACE 6. AGE (IN YEARS LAST BIRTHDA 5 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS White Female BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF WHAT COUNTRY? Maryland U.S.A. Baltimore City WIDOWED DIVORCED [TY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h, KIND OF BUSINESS OR (IF NOT INSUCH FACILITY GIVE STREET ADDRESS)

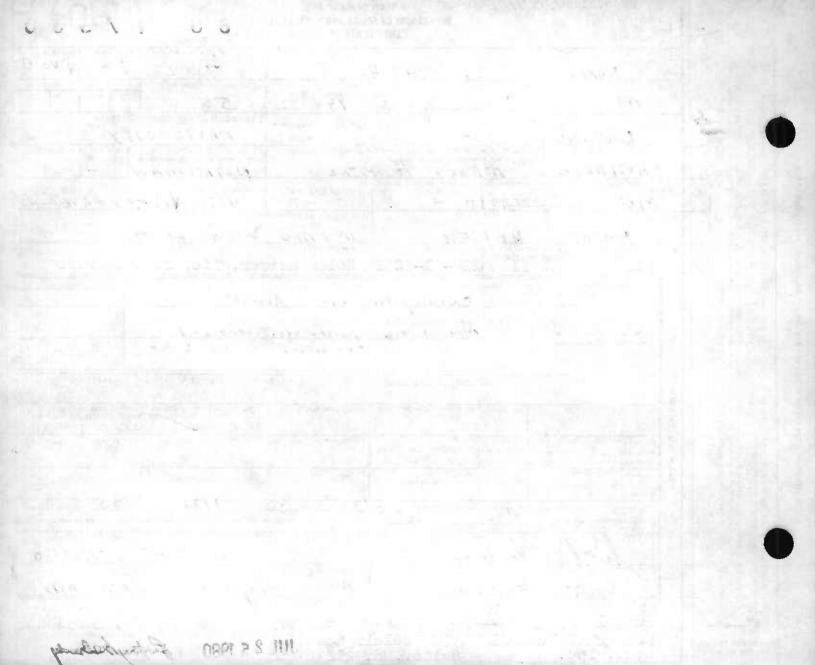
St. Agnes Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore JSUAL RESIDENCE (IF NURSING HOW) OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION Bradshaw, Md. 21021 13d INSIDE CITY LIMITS? Faltimore Maryland Bradshaw 12011 Old Philadelphia Rd. YES 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Carl Heinold Martha Barrett. ADDRESS Bradshaw. Md. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Father: (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Carl G. Heinold 12011 Old Philadelphia Rd. None 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) PART I, DEATH WAS CAUSED BY days IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DIVISION OF VITAL RECORDS, CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 70n AUTOPSY 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES I 71n ACCIDENT WAS UNDERLYING 71h. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 71e. PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE HOT WHILE WHILE AT WORK AT WORK 22a.1 certify that (I) (this hospital attended the deceased fro and that in (my) cour opinion death occurred on the date and hour and from the causes stated sow the deceased alive on above (I) (we) (did) (did not) vie 22h SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF be deto Stote MPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22s. ADDRESS d b 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 73d LOCATION (SPECIFY) Burial COUNTY Jul 14 1980 Holly Hill Memorial White Marsh, Maryland 24. FUNERAL DIRECTOR DHMH - 16 50M 1/76 (VR A 15 (4)) Leonard J. Ruck. Inc. Baltimore, Maryland

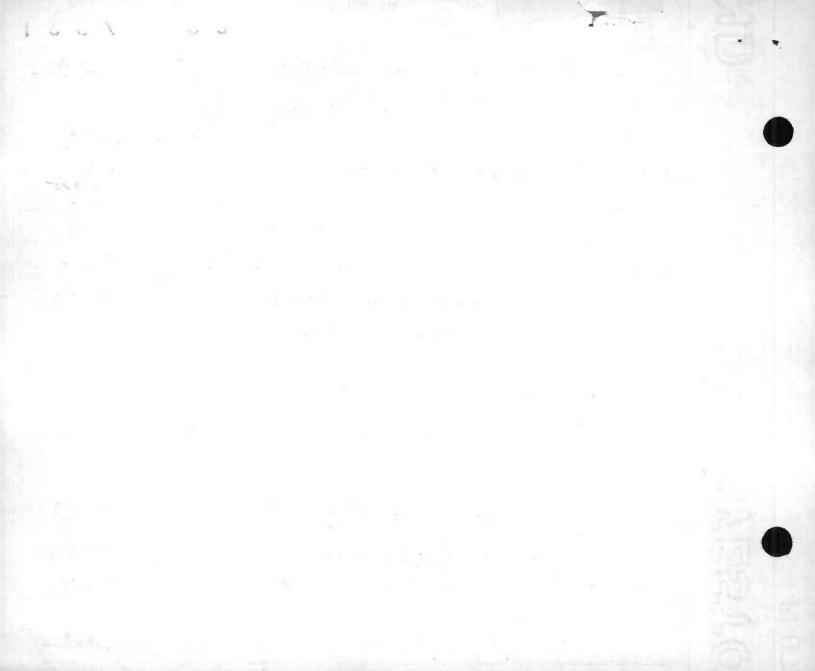
Carried and the Carried South of South of Street, or St Intloon acto .: Chinis . tal. . co. inlant . Elektrick of the late of the C.1W Jee Court : 280JU addated a C. II Sto I to D. Beet Lee . 1 Feet L. Breet THE THE PARTY OF THE Anti-Control of the Control of the C

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 24. DATE OF DEATH MONTH YEAR 7h HOUR (TYPE OR PRINT) , 12 11/1Am 80 3 SEX 5. DATE OF BIRTH 4 RACE IF UNDER LYEAR IF UNDER 24 HRS . AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR HOURS 20 TE BIRTHPLACE ISTATE OR FOREIGN IN CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED COUNTRY Baltimore MARU WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY irele Altimores HOS PICE USUAL RESIDENCE LIF HURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 13c CITY OR TOWN 134 INSIDE CITY LIMITS? 13a. STREET ADDRESS 0 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LIF YES, GIVE WAR OR DATEST TRI APPROXIMATE INTERV 18 CAUSE OF DEATH (Enter only one cause per line for Ip) (b), and Ic. PART I. DEATH WAS CAUSED BY 12 V. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a 19a DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20h. IF YES, WERE FINDINGS USED INCERTIFYING CAUSES OF DEATH? NO YES T NO [Hygi 71a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR ental OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINERS P.M. 19 214 INJURY OCCURRED 214 PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased olive on obove, (1) (we) (did) (did not) view the body ofter death and that in (my) (our) opinion death occurred an the date and hour and fram the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF MPORTANT PHYSICIAN FUNERA wild be del 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 224 ADDRESS 230 BURIAL CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 24 FUNERAL DIRECTOR 756. REGISTMAR'S SIGNATURE DHMH-16 25M WITZKE FH. 1630 EPMOND SON (VRA 15, 4) 1/79



	1		5 7/29/80 kam	STATE OF MARYLAND	STATE OF SALE	
- 16	1.	FOR - STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 0 1	7530
	I. DE	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DA	AY YEAR 26. HOUR
N S S IN		HAKRY	. L.	HEISER	7 22	80 140 4
8 900	3 SE	X	4 RACE	S DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS
1		m	Caucasian	6 19 22	58 YRS.	
72,how	7a. B	OUNTRY) Mary Tand	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY	
by the fur ed within st be now	10 C	BALTI MOVE	II. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION ET ADDRESS)	124 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR
be file	USU	AL RESIDENCE (IF NURSING HOME OF C	OTHER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION)	130. STREET ADDRESS	
should b		MO Balt	imore -	WN 13d. INSIDE CITY LIMITS?	4250 Neck	eV AVE21236
	14_F	ATHER'S NAME	IDDLE LAST	15. MOTHER'S MAIDEN NA	ME	LAST
complet 1 and 2 nedical	1	HARRY	HEISFH	minnie	Wie denhaeft	LASI
s 1 an	16a. \	WAS DECEASED EVER IN U.S. ARM	AED FORCES? 166 SOCIAL SEC		ADDRESS	
Pages Pages t, the n		YES, NO OF UNKNOWN) (IF YES, GIVEY WW	II 220-01	-5252 Helen Hei	ser, wife, same	address
nding physicia arbon papers. 1, or removal. aumatic event		PART) DEATH WAS CAUSED IMMEDIATE	0 0 1/0/1	opvimenary A	vrest	APPOXIMATE INTERVAL BETWEEN ONSET AND DEATH
atte	182	Canditions, if any, which	(16) Metast	atic poorly dit	ferentinted	
ase remo		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEO	UENCE OF CArcinoma	of the LUNG	
hen plea to burn	NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	N IN PART 1(0)
riticate has been nsit permit. The Hygiene prior in 18 shows an	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES, IN-CERTIFY YES NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?
is certificatial-transit plantal Hyginor Item 18	1	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH (DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, PAI	RT I OR PART 2)
After thi the buri h and Me narked o	MEDICAL	714 INJURY OCCURRED WHILE OGTWHILE ATWORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE	; FARM, ETC.) 211 LOCATION STREET	City or town	COUNTY STATE
ECTOR: for use as of Healt em 21 is r		220.1 certify that (1) (this haspite saw the deceased alive an_ abave, (1) (we) (did) (did nat)	7/34		death accurred on the date and haur	9 0 , that (I) (we) last and from the causes stated
AL DIRECT tached for te Dept. of T: If Item.		Th Signature	A see the body differ dediff.	DEGREE		ME DATE SIGNED
FUNERAL in the State Dropertant:	1	full I	Herder	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/22/80
TO FUNERAL should be detained by the State with the State	100	174 PHYSICIAN'S NAME (THE ON	11	27e ADDRESS	/	1.00
Shouls with	22-	30077	Hennerson	17/evc4 18	MILLOCATION	ALTO MID.
	/30.	BURIAL, CREMATION, REMOVAL	F2 1	NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	OUNTY STATE
HMH-16 25M	24 F	Burial Schringhek Fu	neral 970.5	perair road	E REC'D. BY REGISTRAR 25b. REGISTR 2 5 1980	e. Maryland AR'S SIGNATURE
RA 15, 4) 1/79		Home, Inc.	Balt	D., Md. 21236 JUL	- 130U J	7/1/2024





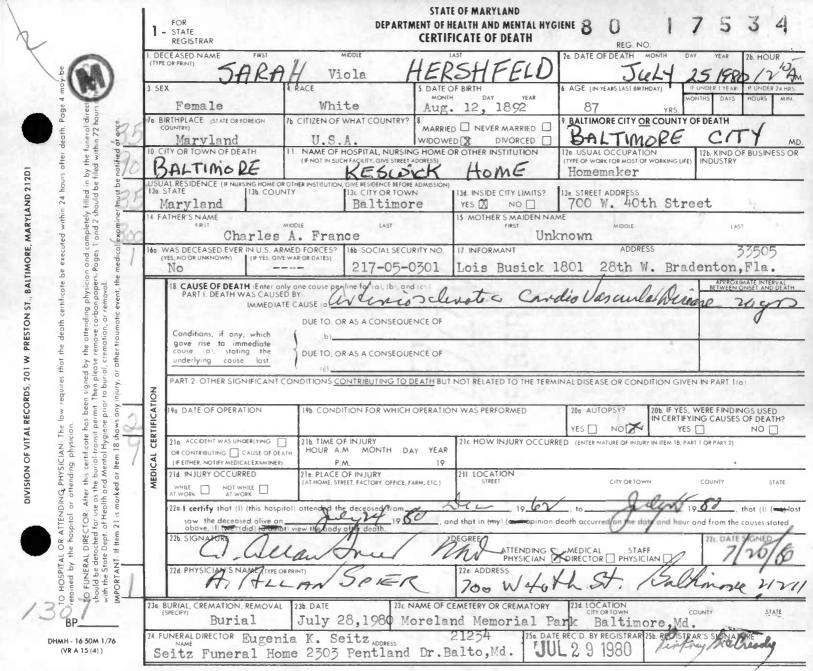
	1.00	REGISTRAR CEASED NAME FIRST	MIDDLE	LAST	REG. N	
(BA		CEASED NAME FIRST OR PRINTS	MIDULE	HENDER LOW	2a DATE OF DEATH	MONTH DAY YEAR 20. HOUR 3.24
AN A	3 SE	×	1 RACE	S DATE OF BIRTH MONTH DAY YEAR O 2 24 24		THDAY) IF UNDER I YEAR FUNDER 24 FU
The state of the s		RTHPLACE (STATE OR FOREIGN OUNTRY) KANSAS	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED		E CITY
the the transfer of the transf	10	MLTIMONE	I NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE UNIVERSITY OF IN		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF	OF WORKING LIFE) INDUSTRY
at set in	13a. S	TATE 136 COUN	NOTHER INSTITUTION, GIVE RESIDENCE BEFI NTY 130 CITY OR TO TTL GIFM	WN / 134 INSIDE CITY LIMI	130 STREET ADDRESS P. O. B.O.X. 24	8 TILCHMAN MD 216
completel 1 and 2 sh nedical ex	14. FA	ATHER'S NAME FIRST WASHING TON	MIDDLE LAST	IS, MOTHER'S MAIDE FIRST MAM	MIDDLE	WATERS.
ysician and copers. Pages 1 aboval.	0	VAS DECEASED EVER IN U.S. AR VES, NO OR UNKNOWN) (IF YES, GIVE	EMED FORCES? 166 4041-SE E WAR OF DATES)	20 4848 Christopher	L. Henderson !	P.O. BOX248 TIGHMAN APPROXIMATE INTERVAL BETWEEN CHOSET AND DE
ending phy carbon pap on, or remo traumatic e		2001	TE CAUSE (o)	UENCE OF	2000.000	Mays.
een signed by the attending ph Then please remove carbon pal for to burial, cremation, or rem any injury, or other traumatic	TION	Canditians, if any, which gave rise ta immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQ (b) POORLY DUE TO, OR AS A CONSEQ (c) CONDITIONS CONTRIBUTING TO	UENCE OF DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CON	A (NODULM) 14 MONTHS
has been signed by the attending phyrmit. Then please temove carbon pale prior to burial, cremation, or remows any injury, or other traumatic	RTIFICATION	Canditians, if any, which gave rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQ (b) POORLY DUE TO, OR AS A CONSEQ (c) CONDITIONS CONTRIBUTING TO	UENCE OF DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CON 20e AUTOPSY? YES X NO	DITION GIVEN IN PART TO
has been signed by the attending phirmit. Then please remove carbon pare prior to burial, cremation, or remove any injury, or other traumatic	ICAL CERTIFICATION	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	DUE TO, OR AS A CONSEQ (b) POORLY DUE TO, OR AS A CONSEQ (c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH P.M.	UENCE OF DEATH BUT NOT RELATED TO THE CH OPERATION WAS PERFORMED DAY YEAR 19	TERMINAL DISEASE OR CON	DITION GIVEN IN PART TO
certificate has been signed by the attending photransit permit. Then please remove carbon partial Hygiene prior to burial, cremation, or remitem 18 shows any injury, or other traumatic	MEDICAL CERTIFICATION	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CAUSE OF DEA	DUE TO, OR AS A CONSEQ (b) POORLY DUE TO, OR AS A CONSEQ (c) CONDITIONS CONTRIBUTING TO 196. CONDITION FOR WHICH 176. TIME OF INJURY HOUR A.M. MONTH	UENCE OF DEATH BUT NOT RELATED TO THE HOPERATION WAS PERFORMED DAY YEAR 19 21(LOCATION STREET	TERMINAL DISEASE OR CON 20e AUTOPSY? YES MO CONTROL CCURRED JENTER NATURE OF INJUITE OR TO	DITION GIVEN IN PART I (a) 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO NO NO NO NO NO NO NO NO NO NO
After this certificate has been signed by the attending phase set the burial-transit permit. Then please remove carbon pailth and Mental Hygiene prior to burial, cremation, or reminarked or Item 18 shows any injury, or other traumatic		Canditians, if any, which gave rise to immediate couse (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (HE EITHER, NOTHEY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a 1 certify that (this haspi saw the deceased alive an abave, (1) has juicely (did); (did)	DUE TO, OR AS A CONSEQ (b) POORLY DUE TO, OR AS A CONSEQ (c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH ATH HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICIAL ital) attended the degeosed from	UENCE OF DEATH BUT NOT RELATED TO THE CH OPERATION WAS PERFORMED DAY YEAR 19 21(HOW INJURY OF STREET APPLICATION 19 30 , and that in (my) bear application	TERMINAL DISEASE OR CON 20e AUTOPSY? YES NO CURRED JENTER NATURE OF INJU CITY OR TO:	DITION GIVEN IN PART I (a) 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NOT STATE WAY COUNTY STATE ate and haur and from the causes state
DIRECTOR: After this certificate has been signed by the attending phated for use as the burial transit permit. Then please remove carbon palabet, of Health and Mental Hygiene prior to burial, cremation, or remit littem 21 is marked or Item 18 shows any rijury, or other traumatic		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (# EITHER, NOTHY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOTWILL AT WORK NOT WHILE AT WORK NOT WHILE AT WORK SAW the deceased alive an abave, (DUE TO, OR AS A CONSEQ (b) POORLY DUE TO, OR AS A CONSEQ (c) CONDITIONS CONTRIBUTING TO 196. CONDITION FOR WHICH ATH HOUR A.M. MONTH P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICIAL) attended the deceased from The contribution of the deceased from the decease of	UENCE OF DEATH BUT NOT RELATED TO THE CHOPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION STREET APRIL 19 DEGREE DEGREE LIMITED ATTENDITY DEGREE LIMITED ATTENDITY DEGREE LIMITED ATTENDITY PHYSICIA LIMITED ATTENDITY LIMITED AT	TERMINAL DISEASE OR CON 20e AUTOPSY? YES NO CURRED JENTER NATURE OF INJU CITY OR TO: To Junion death accurred on the disease of the control of the contr	DITION GIVEN IN PART I (a) 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO NOT STATE WAY COUNTY STATE 212c. DATE SIGNED
DIRECTOR: After this certificate has been signed by the attending phoed for use as the burial-transit permit. Then please remove carbon palabet, of Health and Mental Hygiene prior to burial, cremation, or remit term 21 is marked or Item 8 shows any injury, or other traumatic		Canditians, if any, which gave rise to immediate cause (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETIMER, NOTHY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOTWHILE AT WORK AT WORK (this hasping saw the deceased alive an above, (i) in the polymer of the property of the	DUE TO, OR AS A CONSEQ (b) POORLY DUE TO, OR AS A CONSEQ (c) CONDITIONS CONTRIBUTING TO 196. CONDITION FOR WHICH ATH HOUR A.M. MONTH P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICIAL) attended the deceased from The contribution of the deceased from the decease of	UENCE OF DEATH BUT NOT RELATED TO THE CH OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION STREET APRIL 19 DEGREE DEGREE	TERMINAL DISEASE OR CON 20e AUTOPSY? YES NO CURRED JENTER NATURE OF INJU CITY OR TO: To Junion death accurred on the disease of the control of the contr	TOUTION GIVEN IN PART I (a) TOUTION GIVEN IN

2661108 [1] 1[20] 1[2] 1[2] 1[2] 1 [2] 1 [2] 1 [2] 1 [2] 1 [2] 1 [2] 1 [2] 1 [2] 1 [2] 1 [2] 1 [2] 1 [2] 1 [2] 1 [2] 1

All a Land of the land of the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE, - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN K MONTH DAY 2b. HOUR (TYPE OR PRINT) OF ESTI-HARRY HERMA N 10 . SEX 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR 2c. DATE PRONOUNCED , 80 lp M white male July 23,1918 DEAD 61 TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED 5 FOR FOREIGN COUNTRY Baltimore City U.S.A. Maryland DIVORCED WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS N. Charles St. 10. GIVE PAGES I. 2, AND 3 TO T S. WITH FORM PM. 3. RETAIN PAC IIT. PAGES 1 AND 2 SHOULD BE FI E, DIVISION OF VITAL RECORDS, 3G Baltimore Office Mgr Tax Div State of MD USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS 30 STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland 3900 N. Charles Street Baltimore YES X NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Harry Brautigam Herman Mary 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Friend: (YES, NO. OR UNKNOWN) Yes 216-12-6758 WWII Ross S. Waldsachs, 3900 N. Charles St 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Chronic asthma IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) **IFICATION** 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PRIOR TO BURIAL YES WARDED TO THE CAGE 3 SHOULD BE 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e. PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an death resulted from: Undetermined monner TITLE (SPECIFY) 7-11-80 ACTUAL MASSistant DATE GE 4 SHOU DEATH, SIGNATURE MEDICAL EXAMINER I IMORE, 111 Penn St. Ann M. Dixon, M.D. EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Burial 7/14/80 Green Mount Cemetery Baltimore BP 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** STEWART & MOWEN CO., 108 W. North Ave. 21201 VR A15 ME (5) 15M 7/77

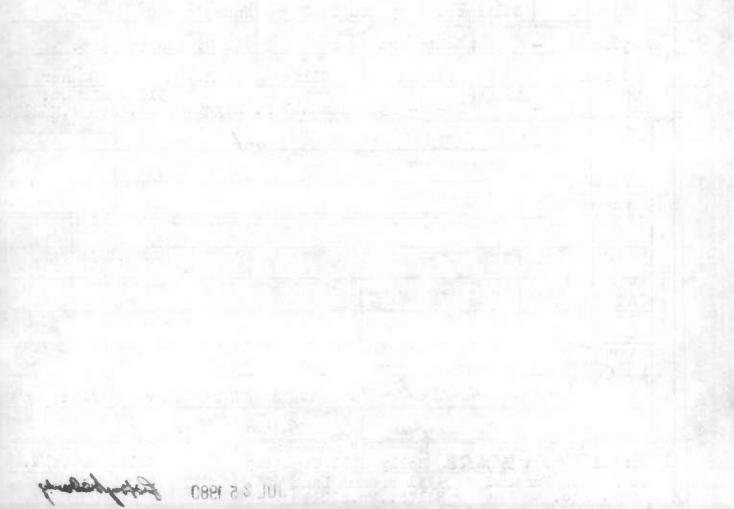
No. of the second second		
	to Biel, La viol 4	
		ban lyzetf
H to since will not age solide		Western
with 2 2000 M. Churles Street 10	laitinoro	bankers.
Here Samueless	licumi.	vrvali
Rose I williardie. 1974 M. Chruine St.	210-12-6753	All Pay
and the state of t		
Cematery Saltimore 100	./14/80 Dates Toyon	falgun
	NEW CO., 108 W. Morth Ave. 2	



y sale V THE THE HELDER PERDE - JULY - THE HELDER NATION SPECIFIED TO SEE CALLINI-DE KE GLOCK HOME The state of the s

S San San J Trans. principles (Asserbly - 12 for a second of the contract of the · W. D. State Control of the Control Strover and course the state acres and between 741 54 Dental Value Additional by undivide The state of the s the transmitted 148 151 have 2101 7/1 K -12 13/4 JHA active content toward does, and data through the content two of the data to the content toward towar

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2R. DATE OF DEATH MONTH 2h. HOUR (TYPE OR PRINT) 837 le res Lucrueta 1991ns RACE 3 SEX 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR # UNDER 24 HRS MONTH MONTHS HOURS 1928 Female Mar.1 White TR BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH L CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Tennessee USA Baltimore City WIDOWEDK DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR Baltimore City (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore City Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS should t Baltimore 742 N. Kenwood Ave. Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Ollie Fanning May Banner ADDRESS 10 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Adair Ct. (YES NO OR UNKNOWN) 415-36-8031 Randall K. Higgins, son, Joppa, Md21085 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO CERTIFICATION 20e AUTOPSY? 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOK NO [Hygie YES [Item 18 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21R. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 218 PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE FARM, ETC 1 CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 22a | certify that (1) this hospital) attended the deceased from July KO .. ohd that in (my) (our) opinion death occurred on the date and hour and from the couses stated 27h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING STAFF DIRECTOR PHYSICIAN PHYSICIAN IMPORTANT 228. PHYSICIAN'S NAME ITYPE ON PRINTS 22R ADDRESS should be with the S Landhel 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN Baltimore, Md. Burial Holly Hill Cemeter 24 FUSELPERIUM Ek Funeral 258 DATE REC'D. BY REGISTRAR 258 REGISTRAR'S SIGNATURE 3331 Brehms Lane **DHMH-16 25M** (VRA 15, 4) 1/79 Balto..Md.21213 Home, Inc.



and a	1	FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENES O 7	5 3 7
F 23	(TYP	CEASED NAME FIRST MIDE E OR PRINT) Tasha	Renee HILL	20. DATE OF DEATH MONTH DAY	80 4.19 AM
Page 4 may	3. SE	FEMALE N	S. DATE OF BIRTH MONTH S YEAR S O	YRS	1 -
death P.	· "	IRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHOUNTRY) MD.	A MARRIED WEVER MARRIED WIDOWED DIVORCED	Chy	MD
1201 1201 in by the field wifted	4	3 alto, (IF NOTH SUCH F)	SPITAL, NURSING HOME OR OTHER INSTITUTION SQ(IV), GIVE STREET ADDRESS!		12b. KIND OF BUSINESS OR INDUSTRY
within 24 h	14 F	ATHER'S NAME FIRST MIDDLE	Baltimore YES NO NO NOTHER'S MAIDEN NO.	MIDDLE	LAST
be executed on and comp rs. Pages 1 on re medical exe	160 \		Hill Eligabet b SOCIAL SECURITY NO 17 INFORMANT	ch Jine ADDRESS	Barbef
201 W. PRESTON ST., Es that the death certificated by the attending phelose remove carbon prical, cremation, or rema	NOI	gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CON:	SACONSEQUENCE OF PREMATURITY SACONS		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 36 WS.
TAL RECOR	CERTIFICATION		ON FOR WHICH OPERATION WAS PERFORMED	YES NOW YES	J U
DIVISION OF VITAL RECORDS, OR ATTENDING PHYSICIAN: The law require e hospital ar attending physician. DIRECTOR: After this certificate host been sign ched for use as the buriol-transit permit. Then Dept. of Health and Mental Hygiene prior to bu lem 21 is marked or Item 18 shows any injury	MEDICAL CE	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF	MONTH DAY YEAR 19 INJURY FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET eccosed from 19 and that in (my) (our) opinion	CITY OR TOWN Clay on town Control on the date and hour one	COUNTY STATE
TO HOSPITAL Or retained by the TO FUNERAL DI should be detain with the State DI MAPORTANT: If I		22d. PHYSICIAN'S NAME (TYPE OR PRINT) UMA T. SALCED		HOSP. , BALTS	7/3/80 More MD.
2003 BP_		BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) Removal 7/31/8		CITY OR TOWN COU	
DHMH - 16 50M 1/76 (VR A 15 (4))	1	uneral director Anatomy Board Ba	1to., Md.	TE REC'D. BY REGISTRAR 256, RESTRAR	S HE Predy

O'THE REAL PROPERTY.

1	FOR			DEPARTMENT OF H	EALTH AND MENTAL	HYGIENE	1 119	en erse as
	- STATE		ME	DICAL EXAMINE	R'S CERTIFICATE	OF DEATH U REG.	NO	2 3 5
	DECEASE TYPE OR PR	D NAME FIR	51	MIDDLE	LAST	20. DATE KNOWN	MONTH I	DAY YEAR 2b. 1
,	TTPE OR PR		jamin		Hill	OF ESTI- DEATH MATED		7 19 80
3. 5	SEX	4 RACE	S DATE OF BIRTH	6. AGE IN YEAR	S IF UNDER 1 YR. IF UNDE	R 24 HRS. 2c. DATE	MONTH	DAY YEAR 2d. I
	Male	Black		tagramingar	morning DATS MOOKS	MIN PRONOUNCED DE AD	7	7 19 80 2:
0	BIRTHPI	ACE (STATE OR	76 CITIZEN OF W		MARRIED NEVER MAR	9. BALTIMORE CITY	OR COUNTY	
	POREIGN	N.C.	USA				more Ci	tv.
0	CITY OR	TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSING HOME.		12a. USUAL OCCUPATION (1		9 9
	Bal t	imore	512 R	pbert Street		FOR MOST OF WORKING LIFE)	-	OK INDUSTRY
	UAL RES		OME OR OTHER INSTITUTION, COUNTY	INE RESIDENCE BEFORE ADMISSION	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		*1
	Md			Balto.	YES NO		oh Stree	et !
		'S NAME	WIDDLE	LAST	15. MOTHER'S MAIL			LAST
		njamin Hil		***************************************		ttie Roseberry		2001
l éa	WASD	ECEASED EVER IN U.S		16b. SOCIAL SECURITY		ADDRE	SS	
				218-14-0594	. Tilda Ur	eather Diggs	same	9
			er only one couse per lin	e far (o), (b), and (c).)				APPROXIMATE INTER
		ART I DEATH WAS CA	DIATE CAUSE (a)	Seizure Disc	rder			
		1803		R AS A CONSEQUENCE OF				
		Conditions, if any, w gave rise to immed					THE STATE OF	
		cause (o) stating the un ying couse last.		R AS A CONSEQUENCE OF				
		ying coose iast.	(c)					
L		OTNER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMIN	AL DISEASE OR CONDITION GIVEN IN I	PART I (a).		
CEPTIFICATION				ESTERNA		STEPPEN COLOR		
A D	19a. C	DATE OF OPERATION	196. COND	ITION FOR WHICH OPERA	TION WAS PERFORMED?			Head On
PTIE				-				YES DO NO
		ERLYING OR		A. MONTH DAY YEAR	ZIC. HOW INJURY OCCURE	RED LENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	
A C	CON	TRIBUTING CAUSE						
MEDICAL	21d. 1	NJURY OCCURRED	STREET, FAC	OF INJURY AT HOME.	21f. LOCATION STREET	CITY OR TOWN	COUNT	y s
	ATV	LE NOT WHILE				A DESCRIPTION		
	2	2a. I certify that I took c	harge of the remoins de	Head Only	Autopsy X, Inspecti	ion , Inquiry ,	ond in my opinie	an
			Natural couses X,	Accident , Suici		Undetermined monner],	-
					TITLE (SPECIFY)	CY S		
	SIGN	NATURE UNG	ma INO	lan no	Assistan	MEDICAL EXAMINER	DATE SIGNED	7/8/80
		77-						
	(TYPE	OR PRINT)	rginia L. I	oran, M.D.	ADDRESS	III Per	nn Stree	ec
230	BURIAL	CREMATION, REMOV			TERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
	Bur		7-12-80	Arbutus M		Balto., Md		
	NAME	AL DIRECTOR	ADDRES	s	64.44	REC'D. BY REGISTRAR 25b. P.		TURE
V	erno	n Bailev F	.H. 1348 Ca	lhoun Street	JUL	1 1 1980	Liding	7

	The state of the state of			
08= 4 1				
			See Car	4 C 114
		ABSTRA ITM		
Tanas un	mae stal 1 de 8			
	en reser oftens			
	books to other United	Acting the same		
		von Boetos tes		
		Audio E. Hand		
BROWN SHOW FROM				
		y Lyb and		
		y Eq. (and		
\ \\;	1 2 1110	yty mil		
, /,			a t	
			a t	

					SIAI	E OF MARYLAND			
	1 -	FOR STATE REGISTRAR			CERTII	FICATE OF DEATH	REG. N		5 3
		EASED NAME F	FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
(10.0)			ARTHA	ANN	HI		JULY 8	1980	9Pm
MAIN	3 SEX	FEMALE	4 RACE	WHITE		CH 50AY 1968AR	4 AGE (IN YEARS LAST BIR	MONTHS YRS	DAYS HOURS MIN
72 hour		MARYLAND	GN 76 CITIZ	ZEN OF WHAT COUNT	RY? & MARRIE	D NEVER MARRIED	BALTIMORE CITY OF		ATH
st be not	10 CIT	BALTINORE	I IF I	ME OF HOSPITAL, NU HOT IN SUCH FACILITY, GIVES HOPK	TREET ADDRESS)	OR OTHER INSTITUTION SPITAL	120 USUAL OCCUPATIVE OF WORK FOR MOST C	ION F WORKING LIFE) IND	KIND OF BUSINESS O
m m	USUA 13a S	L RESIDENCE (IF NURSING	HOME OR OTHER IN	STITUTION, GIVE RESIDENCE 13c. CITY OR 1 HA NO	EFORE ADMISSION	134 INSIDE CITY LIMITS?	7202 RIDGE	ROAD	*52
medical exam		HARLES S. F	HILL	LAST	34 1	15 MOTHER'S MAIDEN NA		LESHER	LAST
the T		AS DECEASED EVER IN	U.S. ARMED FO F YES, GIVE WAR OR I		5479	CHARLES S. H	IILL SAME AS		
njury, or other traumatic event		PART I. DEATH WAS 3 5 9 9 IM Conditions, if ony, w gove rise to immed cause (o), stofing underlying cause	CAUSED BY MEDIATE CAUS DU hich fiote the lost.	E TO, OR ES A CONSE (b) PROPERTY OF AS A CONSE (c) PROPERTY OF AS A CONSE	OUENCE OF	ination Arrestination Work Disease			APT 1(9)
ws any	CERTIFICATION	19a DATE OF OPERATIO		CONDITION FOR WH			200 AUTOPSY?	20b. IF YES, WERE	
Mental Hygiene	-	210. ACCIDENT WAS UNDERLOR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF EITHER, NOTIFY MEDICALES	SE OF DEATH	TIME OF INJURY DUR A.M. MONTH P.M.	DAY YEAR	214 HOW INJURY OCCUR	RED LENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR P	PART 2}
marked or Item	MEDICAL	214 INJURY OCCURRED WHILE AT WORK		PLACE OF INJURY HOME, STREET, FACTORY, OF	FICE, FARM, ETC]	211 LOCATION STREET	CITY OR TO	wn cour	NTY STATE
Heal 21 is		220 I certify that (II (the saw the deceased, obave, (I) (we) (did	alive on M	N 2	C/1 3	nd that in (my) (our) apinion	death accurred on the d		
hould be detached for with the State Dept. of MPDRTANT: If Item		226. SIGNATURE	rafus	an		ATTENDING PHYSICIAN [FF 3	MY JULY
2 5		224. PHYSICIAN'S NAM	E (TYPE OF PRINT)			220 ADDRESS JOHNS	KN Balt	an	
with the S		DHREAC	JA			DERT BE P	234 LOCATION		

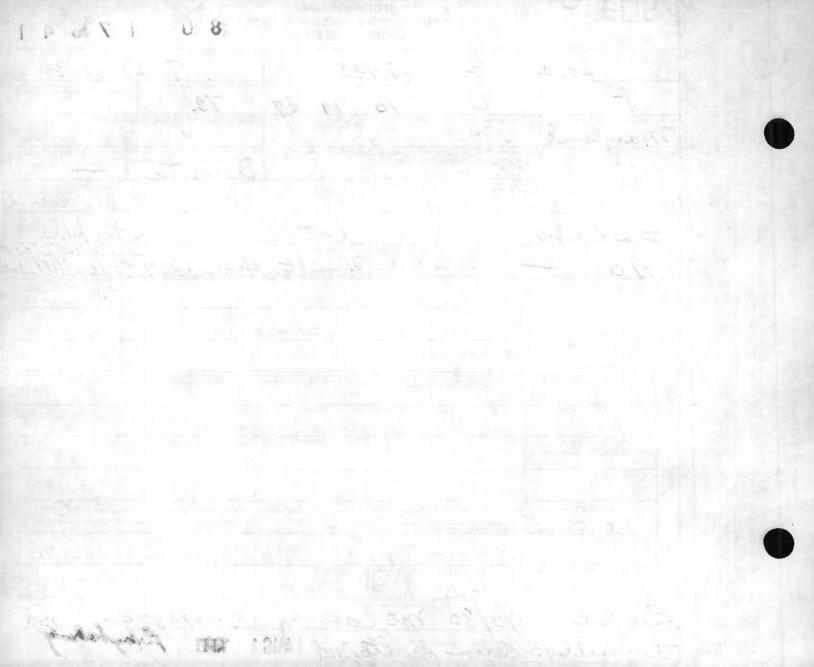


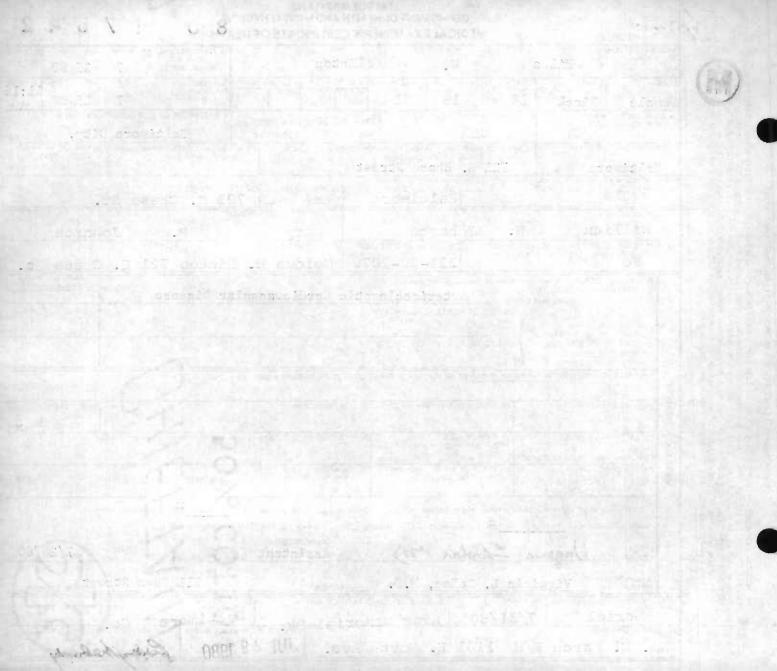
WHE'E CARDE 5, 1966 HOWIT LAN NOVE STATE Tall Cont State Charles S. Ille 330 55 5479 CHAILS S. III. SEIL AS 150VA

BURLAN SAVAGE CENETERY SAVAGE, MARYED WE DANIES FUNERAL HOME, LAUREL, MD

		MATERIAL	hrade).
. Allea See (a)			7 10-15
			100
and the state of the	mos frat transl		
	n ellevienske v		
	r of the street	Miles Dept.	
REVISE O	1000alis		
The Table 194	Maria Land		
The first of	132 2.8 300		

2	1	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 0	17541
ath ath	I. DE	CEASED NAME FIRST	MIDDLE	Hides		7 29 80 953 M
Page 4 ma rector, page irs after deal once.	3. SE	×	1 RACE	S. DATE OF BIRTH MONTH DAY YEAR 7	6. AGE (IN YEARS LAST BIR	TITHDAY) ## UNDER I YEAR ## UNDER 24 HRS MONTHS DAYS HOURS MIN YRS
er death. Pa funeral dire in 72 hour	70.8	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY	OR COUNTY OF DEATH
by the ed with	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREET)		128 USUAL OCCUPAT	ION 12h KIND OF BUSINESS OR
filled in	130.	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU! Yang land Low	ROTHER INSTITUTION GIVE RESIDENCE BEFO	ORE ADMISSION)	130 STREET ADDRESS	lar Hill Land Bolton
recuted with completely 1 and 2 shot		ATHER'S NAME	MBDLE LAST	Lews although a	MIDDLE	Braken
BC 2 70 11 11 11 11 11 11 11 11 11 11 11 11 11	160	NAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GM	RMED FORCES? 166 SOCIAL SEC E WAR OR DATES) 215 32 7	1825 Hamilton	Hines -	207 Edar Hillo
ST., BALTIMO recrutificate be e g physician and n papers. Pages removal.		PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), of ED BY TE CAUSE (b)	hac arrest		APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH
PRESTON S: t the death c he attending move carbon emation, or r		4340 Conditions, if any, which	DUE TO, OR AS A CONSEQ		.2	WANA
that the street or corrections or co		gove rise to immediate cause 101, stating the underlying cause lost	DUE TO, OR AS A CONSEO	UENCE OF		7.4
RDS, 201 w requires an signed then please to burial ny injury,	N N	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR COM	NDITION GIVEN IN PART 1(0)
VITAL RECORDS, JIAN: The law rec cian. filcate has been sir mait permit. Then Hygiene prior to 1 m 18 shows any ir	CERTIFICATION	190 DATE OF OPERATION 7/29/80	in tral	HOPERATION WAS PERFORMED	200 AUTOPSY?	100, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
PHYSICIAN ng physician. this certifical unal-transit to Mental Hygi		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR		JRY IN ITEM 18, PART I OR PART 2)
DIVISION OF VITAL DING PHYSICIAN: ttending physician. After this certificate is the burial-transit pe th and Mental Hygie marked or Item 18 s	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION	CITY OR TO	WN COUNTY STATE
OR OR Hea		22a certify that (I) (this hospi	ital) attended the deceased from 19 garage 19 yiew the body after death.		death occurred on the c	dote and hour and from the causes stated
S S S S S S S S S S S S S S S S S S S		22b. SIGNATURE	ot) viewithe body after death.	DEGREE ATTENDING	MEDICAL STA	AFF 7/29/80
TO HDSPITAL Coretained by the he TO FUNERAL DI should be detache with the State De IMPORTANT: If		271. PHYSICIAN'S NAME (TYPE C	OR PRINT)	PHYSICIAN [CIAN DI 1./ TI
P. F. W. S	11e	HIJIAL, CREMATION REMOVAL	23h DAYE /80 13	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE O
DHMH-16 25M	14	UNERAL DIRECTOR	2 O Da ADDRESS	3 to real "Mil	F REC'D. BY REGISTRAF	THE PROPERTY OF THE PARTY OF TH
(VRA 15, 4) 1/79	1	- new /	J. War-10	seco, mu.		







Call die

HHIE JAMEN 20, 2899 X

CHURCH HOSFITAL, INC. MALIED CA ENTER.

222 1. J.L. O. L. V. + 21224.

222 N. BLEGOD WE. 212-09-4562 . Later . Later : Later . 21224, D.

7.22 Lister J. D. Ja. Co. J. D.

Y. Lo W. L. L.

o224 was as at 1250 Dea 100, 2 2243

1010

MARKET HOL

JK. 30. 041 Tule

وسالله والكوساء

.8.6.0

FOR

BALTIMORE ST ACHES HOSPITAL BALTIMO E CITY

hangesphase 1880 = CM

TOWN OF PRINT) CHARLES HOLBROOK TO AT 13 1000 TOWN TEAM ARCE SATE OF BRITH 12.5 S	- 1	FOR = STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	5 4 5
Male negro DAY DAY DAY DAY DAYS			TTOT TO OTE	12.110
MARRIED NEVER MARRIED NEVER MARRIED DIVORCE Baltimore City	m	nale negro	NTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD 7	17
Baltimore OR MOSON WORKING LIFE	S PI	FOREIGN COUNTY A	1. 5. A. WIDOWED DIVORCED Baltimore City	
13e STATE 13b COUNTY 13c CITYORJOWN 13d MISDE CITYUMITS 13e STREET ADDRESS 13e STREET A	2	Baltimore	627 N. Arlington Ave.	OR INDUSTRY
166. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR ORDATES) 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 167. 17. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE IN ADDRESS 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE IN ADDRESS 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE IN ADDRESS 18. CAUSE (a) APPROXIMATE IN ADDRESS 18	/ 13a S	STATE Md. 136 COUNTY	136. CITY OR JOWN / 13d INSUE CITY LIMITS? 13e. STREET ADDRESS / YES NO B27 ARING TON	Ave.
(YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	00	FIRST MIDD	LE LAST FIRST MIDDLE	LAST
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 210. INJURY OCCURRED WHILE AT WORK 211. INJURY OCCURRED STREET, FACTORY, FARM, EIC.) STREET CITY OR TOWN COUNTY	160.	(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR	DATES)	MAD Ave.
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 190. 210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 190. 211. LOCATION STREET, FACTORY, FARM, ETC.) 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY		PARTI DEATH WAS CAUSED BY: IMMEDIATE CAL Conditions, if ony, which gove rise to immediate couse (a) stating the under-	DISE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
216 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR PART 2) 216 INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 217 INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 218 INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 219 INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210 INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 211 INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 212 INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 213 INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 214 INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 215 INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216 INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 217 INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 218 INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 219 INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210 INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216 INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	NOIT	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE AT WORK AT WORK TO REAL MOINTH DAT TEAK P.M. 19 21f. LOCATION STREET CITY OR TOWN COUNTY	RIFICA	THE DATE OF OPERATION		YES NO
AT WORK AT WORK			HOUR A.M. MONTH DAY YEAR P.M. 19	T 2)
220. I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry , and in my apinion death resulted from: Natural causes X, Accident , Suicide , Hamicide , Undetermined monner , TITLE (SPECIFY) ASSISTANT MEDICAL EXAMINER SIGNED 7-15-8 EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St.	1100	WHILE NOT WHILE AT WORK		NTY STAT
Examiner's name Ann M. Dixon, M.D. 111 Penn St.		death resulted fram: Natural courses	Accident , Suicide , Homicide , Undetermined monner , TITLE (SPECIFY) M.D. ASSISTANT MEDICAL EXAMINER SIGNED	7 15 80
(TYPE OR PRINTY ADDRESS. 230. BURIAL CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY 23a. F	(TYPE OR PRINT)	ADDRESS 123, NAME OF CEMETERY OF CREMATORY 1234 LOCATION	TY MSTATE	

The Books Add to the Add to the Addess September of the Total Section and to the Title Consense of the 15 The Event Constitution of the State of th

(VRA 15, 4) 1/79

HerbertE Nuttor

					4-20
1201			Homes		
64 yes.	Old or s		12 nch		lemal
told promiting			. 1. 11. 0	nor, e la	Alexander
Malpod moldardainbhA	Individual.	I start		731	stouliles
3026 Cymna Falls Blocy	K DI	0 11			bne Lytell
3026 Curpas Palls I	Jee Pr. Dern		577-	. 6	James
2 days					
Broom t man and o	a simpleant re				
*					
18 July 1 The	a N		7a 7	to fort	
lettre those be	c/o arrein		.0.1		-genul
ery flexandgria, wa.	Pary's Coret				

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 24. DATE KNOWN 76 HOUR (TYPE OR PRINT) OF ESTI-Walter T. Holland Jr. 4. RACE 6. AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 5 DATE OF BIRTH 2d. HOUR 24. DATE 19 PRONOUNCED 36 male black. 10 80 2:55F DEAD BIRTHPLACE FOREIGN COUNTRY) MD 70. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Baltimore City DIVORCED WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) Baltimore Mercy Hospital RETAIN USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 136. COUNTY Baltimore 7505 Oakland Mills Rd. MD NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE OF VIT Walter Holland Pauline Moore 16a WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS DIVISION (IF YES, GIVE WAR OR DATES) 212-42-8779 | Walter Holland Sr. 7505 Oakland Mil No CAUSE OF DEATH (Enter only ane couse per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Incised wound of right arm DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION, C PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (8) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES XX NO T ORWARDED TO THE CH R: PAGE 3 SHOULD BE U E STATE DEPARTMENT OI 21201 PRIOR TO BURIAL 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY APPLOX . 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY, YEAR UNDERLYING self inflicted wound MEDICAL 2:15-RM 7/20/80 CONTRIBUTING CAUSE OF DEATH 21ª PLACE OF INJURY LATHOME 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC Cell B-508 WestWing, Baltimore City, MD Md Penitentiary 220. I certify that I took charge of the remains described above, held on Autopsy Inspection ond in my opinion MARYLAND, death resulted from: Natural causes Suicide XX Hamicide Undetermined manner PAGE 4 SHOULD B
TO FUNERAL DIREC
AFTER DEATH, WITH
BALTIMORE, MARYLA TITLE (SPECIFY) ACTUAL M.D. Deputy ChiefeDICAL EXAMINER 7/21/80 SIGNATURE EXAMINER'S NAME THOMAS D. SMITH ADDRESS 111Penn Street Balto MD 21201 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION STATE Burial MD 7/25/80 Asbury Church Cem. Jessup BP 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** VR A15 ME (5) 1101 E. North Ave. C. March F/H 15M 7/77

TORING TO THE TRANSPORT	Land lost to Land the	
		Line of the
		C: 11 -8
	and the second second	
INCLESS TO THE ENGINEER		
	и сек. 1961 г. на 1960 г. на 1962 г. на 1962 г.	
dil gall oscillad (no san	Silve lifet veneralistant til at	
Liery and South	There is a second of the second	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	in include values of VISAS	
	Ellinavicus pur el (Dirich EV)	

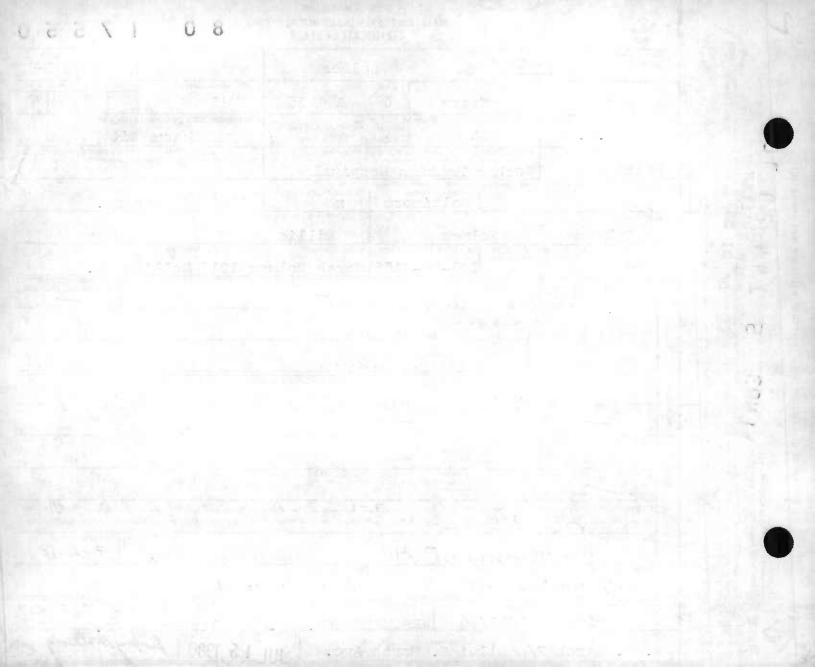
and the state of t Market Company of the

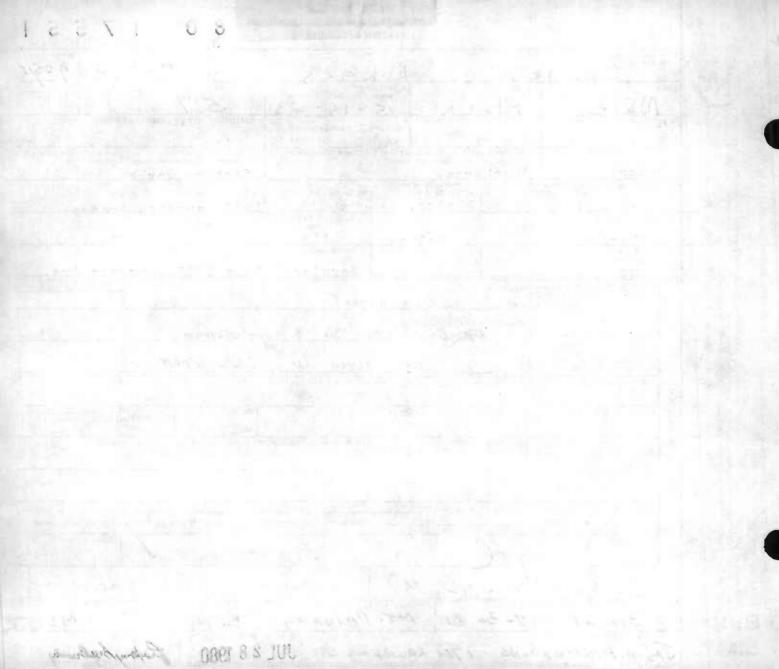
1101 E. North Ave.

Wm. C. March F/H

(VRA 15, 4) 1/79

July 20, 10 vaid aromid Ed Carriogui mary arrest secondary to right, placed effusion capacity of the common and control of the control o 1018 S1 1818 Isrigeof Isroul busins one





DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEAT REGISTRAR 20 DATE KNOWN DECEASED NAME (TYPE OR PRINT) OF ESTI-CHINOR HOLMES 4. RACE 5. DATE OF BIRTH 3 SEX 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2c. DATE # 11039 DAY LAST BIRTHDAY PRONOUNCED male black. 79 10 13 DEAD 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED INEVER MARRIED FOREIGN COUNTRY) Md. USA DIVORCED Baltimore City 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Baltimore Johns Hopkins Hospital 3. RETAIN PASHOULD BE F USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 130 STREET ADDRESS 1717 N. Calvert St. 113b COUNTY Md. Balto. YES X NO T 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE OF VIT Lillie Poole Charles Holmes 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS DIVISION (YES, NO, OR UNKNOWN) N/A N/A Lillie Poole 1717 N. Calvert Street 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Drowning with complications IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF YES XX NO 210 EXTERNAL CAUSE WAS TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) subject drowned MEDICAL CONTRIBUTING CAUSE OF DEATH 71f LOCATION 21e PLACE OF INJURY home 1745 Maryland Avenue Baltimore, Maryland WHILE AT WORK DIRECTOR: WITH THE SAARYLAND, 21 Autopsy XX 22e. I certify that I taak charge of the remains described above, held an Inspection Inquiry and in my apinian Homicide Undetermined monner TITLE (SPECIFY) EXECUIE PAGE 4 SHOULT TO FUNERAL DI AFTER DEATH, V DATE 7-16-80 ACTUAL Assistant MEDICAL EXAMINER EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street 23e. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 7/18/80 Mt. Calvary Cem. Anne Arundel Co., Md. 250. DATE REC'D. BY REGISTRAR 256. REGIS AR'S SIGN JURE 24 FUNERAL DIPECTOR DHMH - 17 1980 VR A15 ME (5) 1101 E. Nor. Ave. William C. March F/H 15M 7/77

		2000		ALTE .	
				Section	1.7.7.
#AN promit					
		And to ob-	nheel me		
	-7900 - 13 T 2 T + 15				
			e t n et.		
	Mark Sort	on) (in			
	$\mathcal{L}_{1} = \mathcal{L}_{2} = \mathcal{L}_{3} = \mathcal{L}_{3}$	17.			
, e o	Mark Sort	17.			
	$\mathcal{L}_{1} = \mathcal{L}_{2} = \mathcal{L}_{3} = \mathcal{L}_{3}$.'7'.			
7 7	en v. di en e	77.			

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEA REGISTRAR MIDDLE 1. DECEASED NAME 20. DATE KNOWN MONTH OAY YEAR 2b. HOUR (TYPE OR PRINT) OF ESTI-(SARA HOLMES SARAH WARD 22 19 80 4. RACE 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS HOUR :41 IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE PRONOUNCED 13 9 female 67 negro 19 80 DEAD YRS 76. CITIZEN OF WHAT COUNTRY? Je. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA MD WIDOWED X Baltimore City DIVORCED 5 FILED, 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore 1013 E. Biddle St. SHOULD BE F USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION 13e. STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13b COUNTY Baltimore BALTIMORE, MD. 21201 MD 1013 E. Biddle St. NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME OF VITA MIDDLE MIDOLE Harvey Banion Sarah Johnson FORM 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS DIVISION (YES, NO, OR UNKNOWN) No 220-30-0197 Cynthia Lewis 2936 Garrison Blvd. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c), PART I DEATH WAS CAUSED BY: Hypertensive cardiovascular disease BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES NOK E 3 SHOULD BE E DEPARTMENT (21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e. PLACE OF INJURY (ATHOME 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN COUNTY STATE Inspection X DIRECTOR: 22a. I certify that I loo mins described obove, held an Autopsy ARYLAND death resulted from Homicide Undetermined manner TITLE (SPECIFY) ACTUAL Deputy Chiefedical EXAMINER DATE EXECUTE THE CAPAGE 4 SHOUL FOR EVECUTE THE CAPAGE 4 SHOUL FOR EVER BEATH, BALTIMORE, MA 7-22-80 SIGNATURE Smith M.D. 111 Penn St. Thomas D. EXAMINER'S NAME (TYPE OR PRINT) ADDRESS. 23a, BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Burial 7/25/80 King Memorial BP Baltimore MD 24. FUNERAL DIRECTOR **DHMH-17** VR A15 ME (5)) 1101 E. North Ave. Wm. C. March F/H 15M 7/77

100 25 2 2 2			
			Belief of the
	37101		
		all Marie	
Water Chelinian Li		000-00-00-00-00-00-00-00-00-00-00-00-00	
		ao na Cabolina II	
		THE PERSON	

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME MIDDLE LAST 2a. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) 21 80 W. Holtzman Edna 5 DATE OF BIRTH 3 SEX 4 RACE IF UNDER I YEAR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HPS November 1, 1899 Female White 80 Ja. BIRTHPLACE (STATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Maryland U.S.A. WIDOWED IN DIVORCED [Balto, city 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Homemaker Working LIFE) INDUSTRY Balto. city Keswick Nursing Home USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13. STREET ADDRESS Loch Raven Blvd. 136 COUNTY Baltimore 136. INSIDE CITY LIMITS? Maryland YES TO NO [15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LAST Barbara Sachs August Remmer ADDRESS Balt., Md. 21239 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Daughter: (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 5916 Yorkwood Road 217-14-1266D Melba A. Baseman No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per ling-for (o), (b), ofd ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A GONSEQUENCE OF 45CVD Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 16 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO Y YES 🖂 NO [216. TIME OF INJURY 71a ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 21d. INJURY OCCURRED 211 LOCATION 21. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 80 22a I certify that (# (this hospital) attended the deceased from, 80 sow the deceased alive on. and that in (Alla) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death. 226. SIGNATU DEGREE 22c DATE SIGNED STAFF ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHIS MAN'S NAME (TYPE OR PRINT) 22m ADDRESS RTMAN KESWICK HONE - 700 W.40 23e. BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE (SPECEY) Burial Cedar Hill Cemetery jul 24 1980 Glen Burnie 250. DATE REC'D. BY REGISTRAR 250. BET 1514 AN 5-54 SAAT RE 24 FUNERAL DIRECTOR **DHMH-16 25M** Leonard J. Ruck, Inc. (VRA 15, 4) 1/79 Baltimore, Maryland

11554	0 8			
11 A				
		nes', cadaore	n±±d	ofom.
	v. Ee. E	x	.,	Brodynati 1
	Tolaron			
bv2. nova	doo lated	1X 1	arrond fol	
elign		orion Miles	Torutor	\$8:° °
her beny		a l'alba 1. Esseu	561-44-618	o.
	I desert	Non-las a		
346 27		42.515		
	BREAST	40 CE 7110	CARCIA	
	X			
	12-2	38. VY	7 - 25	
171.15 1-46	v	Mo M	Moderan	John !
11518 25 00 25	200	N. S. W. 324	PULL 1244	3 and Town
The Lynn	ažmeni pošo	metal of Italian	341 20 190 Set	īa imm
Lagragia Co	THE THE	Mill Interes	,esquir'a .on.	, ter hereout

	1			STATE OF MARYLAND			
	1	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0 REG. NO.	17:	5 5 5
		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MO	ONTH DAY YEAR	26 HOUR
ny be		Fannie		Horst		1980	1:47Mr
age 4 ma ector, pe rs after	3 SE	remale	white	S DATE OF BIRTH DAY VEAR 7, 1902	AGE (IN YEARS LAST BIRTHO	MONTHS DAY	
death. P	71. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	U.S. A.	MARRIED NEVER MARRIED WIDOWED DIVORCED			MD.
bons after bons after full state for the formal sta	B	altimore	(IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTITUTION STREET ADDRESS) Hopkins Hospital	176 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V	N 12h KIND	OF BUSINESS OR
filled by Miner mu	130		OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION) TOWN 134 INSIDE CITY LIMITS? YES NO P	RD6-	1.0.1	own, md
cuted with		ATRAM	MODIE Strain	uk Su	San MIDDLE 1	TORST	LAST
ison be executed the second control of the s		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) LEYES, GM	E WAR OR DATES	SECURITY NO. 17 INFORMANT 01-82218 Samue	E. Horst -	- Hagerst	bown, Ma
h cerufica physical physical control of the ceruity		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	D BY	or, and ich		APPRO METWEE	OXIMATE INTERVAL EN ONSET AND DEATH
deat tendi carb on, o		Conditions, if any, which	DUE TO, OR AS A CONS	EQUENCE OF walk all		au au	witz
by that		gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONS	EQUENCE OF		4	2 mg
aw requires en ggned Then pleas er to buria	NO.	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDI	TION GIVEN IN PART	1(a)
The la	CERTIFICATION	190 DATE OF OPERATION	1% CONDITION FOR W	HICH OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINI IN CERTIFYING CAUS YES	DINGS USED SES OF DEATH?
PHYSICIAN. ng physician. this full centurist transit it is in the interest of them 18		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	RRED JENTERMATURE OF INJURY	IN ITEM 18, PART OR PART 2	2)
DING PHY ttending ph After this s the burial th and Men marked or	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21st PLACE OF INJURY (AT HOME, STREET, FACTORY, O	211 LOCATION	CITY OF TOWN	COUNTY	STATE
ATTEND ill il oy att ECTOR: y flor use as of Healti		22s I certify that (I) (this base sow the deceased alive on	7/12	rom 19 19 3	n death occurred on the date	19 19 and from t	, that (1) (we) lost
Photos Ph		276. SIGNATURE	t) view the body after death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	1 3	TE SIGNED
TO HOSPITAL retained by the TO FUNERAL should be detected with the State MAPORTANT:	1	274 PHYSICIAN S NAME (1919)	Strango .	22. ADDRESS	Hopping 18	Estages	
PE PEE E	134	BURIAL CREMATION, REMOVAL	7/16/20	131 NAME OF CEMETERY OR CREMATORY CED OF CEMETERY OF CEMETORY	CITY OR TOWN	up, Frank	Lin Corne Da
DHMH-16 25M	24. F	UNERAL DIRECTOR	A CONTRACTOR	25e. DA	TE REC'D. BY REGISTRAR 25	IL REGISTRAR'S SIGN	ATURE.

The state of the s Female Jame Zareal 78 My wash Hagustonal & RDC - Hayerstown Mal or E NO _ ser-or-12218 Samuel E Herst - Horses _ DN 310 I size coursely (in ordinated reaching the TE Marined - Covencestly Pander 15

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH YEAR 26 HOUR LTYPE OR PRINT! elen IRENE 3:00 4 RACE 3 SEX & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 5 DATE OF BIRTH IF UNDER I YEAR December 15 1897 HOURS White Female 82 TO BIRTHPLACE (STATE OF FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland U.S.A. Baltimore City WIDOWED DIVORCED T 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126_KIND OF BUSINESS OR ot. Agnes Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) Nowwing machin Baltimore operator DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Baltimore 4801 Westparkway Balto. 21229 Maryland Baltimore 2 sh 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST 0 Harry H. Scheeler Mary McEntee ADDRESS 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT puo (YES. NO OR UNKNOWN) I HE YES, GIVE WAR OR DATEST 213-28-3135 Ann Miller 4801 Westparkway Balto. No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) MYOCardi arteriosclevotic cardiovascular disesse Conditions, if ony, which gove rise to immediate (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause d PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION g 90 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? per NO 6 YES [NO T ial-transit ntal Hygie 21g. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH YEAR DAY 10 OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY COUNTY CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE WHILE NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (the hospital) attended the deceased from. saw the deceased plive on and that in (my) took opinian death accurred on the date and haur and from the causes stated above, (1) (we) (did nat) view the bady after death 22b. SIGNATURE DEGREE 22c DATE SIGNED 140a ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS the the 23g. BURIAL CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE STATE Westview Memorial Park Cremation Catonsville Maryland M. & Ruseell C. Witzke Funeral Home 250 DATE REC'D. BY REGISTRAR 235. RE DHMH - 16 60M 1/75 (VRA 15(4)) 1630 Edmondson Ave. Balto. Maryland 21228

Company April 20 1 Supplement Charmon Lot 12 July Smort Lot 1987 Acres A Allamon S. A. Control Contr

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH U REGISTRAR I. DECEASED NAME FIRST 20. DATE KNOWN AT MONTH DAY 76. HOUR (TYPE OR PRINT) OF ESTI-80 HOWARD EARK HOWARD WITHIN 72 HOUR White DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS. DAY YEAR ma le DATE DAY YEAR LAST BIRTHDAY) PRONOUNCED ANY DELAY IS NECESSARY, P AND 3 TO THE FUNERAL DIRE RETAIN PAGE 5 FOR YOUR 22 10 80 a 25 DEAD 56 YRS 76. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED FOREIGN COUNTRY) Baltimore City Ohio U.S.A. DIVORCED WIDOWED SHOULD BE FILED, V. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Md. General Hospital Baltimore Bartender USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS BALTIMORE, MD. 21201 Baltimore YES Y NO [Cemtre OF VITAL 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME PM. MIDDLE MIDDLE LAST eroy Howard Whitt Louise FORM 164 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO. ADDRESS T. PAGES 1 (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 218-36-2998 Mr. Thomas Alford. vndale 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY HYGIENE, Ruptured duodenal ulcer MMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF AL EXAMINER A
BURIAL-TRANSIT REMOVA Canditians, if any, which USED AS A BURIAL-TRANS
DF HEALTH AND MENTAL
L, CREMATION, OR REMOV gave rise to immediate 3 cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). RECORDS, CERTIFICATION 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DIVISION OF VITAL OF BURIAL, YES NO VARDED TO THE CHAGE 3 SHOULD BE LATE DEPARTMENT OF 201 PRIOR TO BURIAL 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. RITING 21e PLACE OF INJURY (AT HOME. 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN STATE COUNTY PAGE STATE 21201 DIRECTOR: PAG AutopsXX 22a. I certify that I taak charge of the remains described above, held an WITH THE Inspection and in my apinion CERTIFICAT death resulted from Natural causes XX Hamicide Undetermined manner TITLE (SPECIFY) EXECUTE THE CI EXECUTE THE CI PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, V BALTIMORE, MA ACTUAL Assistant MEDICAL EXAMINER SIGNATURE SIGNED EXAMINER'S NAME Margasita A. Korell, M.D. ADDRESS 111 Penn Street TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Westview Mem. 25/80 Baltimore. Maryland BP Buria 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. RPD ISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) annino Funeral Home. 263 15M 7/77

			SELERIA X3 LAS TRIBAS		
20					
A					an An An
			A	4	
			F		
				• 4	
			14 100		
	THE SECOND				
		70000	allows, transmission		
X7.51					
an					
Z. 1.					
42.51					
an an					
an					
NIP.					
V					
	20	nde kura in		N. S. C.	
	20	nde kura in		N. S. C.	
	20			`a	
	in 'eeyil en	njeja i		`a	

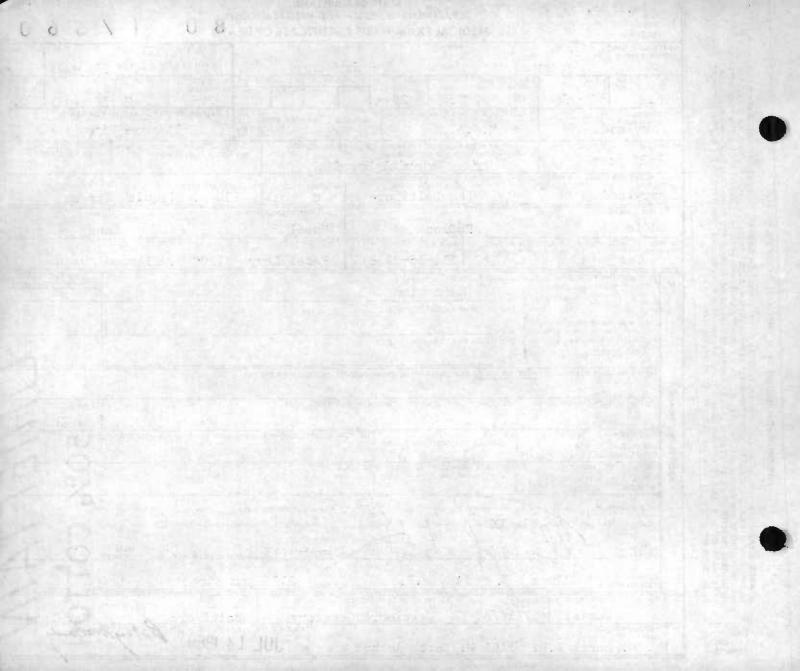
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	59	15	1.3		stina	female
Ç1.io	Baltimore				A29	Bartyland
P. Auses Dist	rellia		ImIq	oll ollo	1.0701	Jan 15 Land
t Weined	1250 Delber			saon	13 f na	Maryland
To I mood ok		l en	э		od Life L	WILLIAM
elbert Avenue	omin 1250 u	H .W s	2000	00.0	e[0	no

Lilbinora

04-05 MAKE WEEF 4-21-94. PRHIMERE CHY Film 65 Coty Lutterary Harpothe with man election THE FEET WITH SHOPEEN WITH AM All Xirolanda

1	1 - 3	Add.Info	.FilmG9	548 10,									n	3	7	5 6	n
- 1		EASED NAME	FIRST			MIDDLE	EXAMIN	EK 2 C	LAST	CATE				NO.	TH DA	Y YEAR	2b. HOUR
72 HOURS		OR PRINT)	Zacha	2000				TT.			500	OF	ESTI	AXX WON	7 7		IZB. HOUR
3	. SEX	14. R		S. DATE OF	BIRTH	-	6. AGE (IN YE		udson	IF UNDER	24 HRS.	2c DATE		MONI	H DA	19 80	2d. HOUR
7	Me	le E	Black	MONTH 8	2	50	LAST BIRTHD	AY) MONTH		HOURS		PRONOU	NCED	r	77	10 00	2:5°
. 1	le BIE	THPLACE (STATE C		76 CITIZEN				1.	50 D 15	V50 DD.				TY OR COL	II IO YTNU	1980 FDEATH	1 p.m
	M	aryland			U.S.A	A.		WIDOW	ED NE	DIVORC			Balt	imore	Cit;	У	AAD
1		YORTOWN OF D Baltimore			SUCHFACILI	ITY, GIVE ST	RSING HOME REET ADDRESS) Morial			TION		AL OCCU			12b. i	KIND OF BU OR INDUSTI	SINESS
	3a ST	RESIDENCE (IF IN ATE aryland	NURSING HOME COUN	OR OTHER INSTITU	TION, GIVE	RESIDENCE	DEFORE ADMISSI OR TOWN altimo	ION)	13d. INSIDE (ITY LIMITS?	13e. STRI	EET ADDR	ESS Ais	quith	Str	reet	
Ī		THER'S NAME		MIDDLE					15. MOTH	ER'S MAIDE			MIDDLE			LAST	
1	E	ddie		MIDDLE	Hu	idsor	1		Haz	e1			WIDDLE		Lane		
1	60 W	AS DECEASED EV		MED FORCES	?	16b. SOC	IAL SECURIT	Y NO.	17. INFOR	TNAM	1,10	Pa_ 1	ADDI	RESS			
		Yes	(1. 153, 5176	Unital		214-	-56-27	58	Haz	el Le	vy	1200) N.	E11wo	od A	Avenue	
1		18 CAUSE OF DE PART I DEATH	ATH (Enter an	ly ane cause		- 1							111		ВЕ	APPROXIMATE	INTERVAL
		2 11		TE CAUSE (a)		-	otism						7 1 1				
		Canditians, if	any which	DUE	ro, or as	S A CON	SEOUENCE	OF	800								
			a immediate	(b)													
		lying cause la		DUE	O, OR AS	S A CON	SEQUENCE	OF									
		PART 2 OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING TO	D OEATH BUT	NOT RELA	TEO TO THE TERM	AINAL DISEASI	OR CONDITIO	N GIVEN IN PA	QT 1 (a)						
7	CERTIFICATION	190. DATE OF OPE	RATION	19b. C	ONDITIO	ON FOR	WHICH OPER	RATION W	AS PERFOR	MED?			254		20	. AUTOPSY?	
J	Ē				226		2012	×20				1393		Mec	2	YES XX	NO 🗆
	AL CER	216 EXTERNAL CA UNDERLYING CONTRIBUTING	OR	HOL	IME OF IN JR A.M. A P.M.		DAY YEAR	21c. HC	OW INJURY	OCCURRE	D LENTERN	ATURE OF IN	VJURY IN ITE	M 18 PART 1 O	R PART 2)	30	18
	ă	21d. INJURY OCCU WHILE NO AT WORK AT	JRRED	21e. P			(AT HOME,		CATION			CITY OR TO	OWN		COUNTY		STATE
		22a. I certify the		of the remo	iins descri	bed aba	ve, held an	Autap	y XX	Inspection	n .	Inquiry		and in my	apinian	1	
		death resulted fro	am: Raty	pl courses 🗴	A. OA	ccident	[], sp	idde 🗌	Hamid	cide .	Undete	ermined m	anner [],			
		ACTUAL	6/11		. /	4	7.00	1		PECIFY)				D.4	75	2.15%	
4		SIGNATURE	14	omo	1	11	may		Deput	ty Chi	<u>iefmed</u>	ICAL EXAM	MINER	SIC	NED_	7-12-8	30
4		EXAMINER'S NAM (TYPE OR PRINT)	AE Tho	mas D.	Smi	th,	M.D.		ADDRESS_	111	Penn		eet				
2	30.BU	RIAL, CREMATION					AME OF CE					CATION			OUNTY	51	ATE
-	7.4 ELI	Bu:	rial	7/16,	/80	1	Baltime	ore C	emete	TY 250. DATE F		altim		CATON D	C C 10 11	Mary1	and
1		m. C. Mai			ADDRESS	Nos	rth Av	onus		JU		198		DATE:	Y	Charle	73
- 1	W	il. C. Fla.	LUIL F.F	l. LIV	JI E.	INO	LLII AV	enue		30	/ -	Y 100	~			/	



78		١	FOR			DEPARTME			ARYLAN AND M		YGIEN	Ε .					
			STATE REGISTRAR			DICAL EX							REG. N	10	7 =	6	
			CEASED NAME	FIRST		MIDDLE		i	AST	7.010	T	2a. DATE	KNOWN	_	H DAY	YEAR	7b. HOUR
	28.88 F	(.,,	L OKT KINT)	Inez		E.		Hug	hes			DEATH	ESTI- MATED	7	2	19 80	M
		3 SE	emale	RACE White	oct. 16,	VEAD	AGE (IN YEAR LAST RIRTHDAY) VRS	MONTH		IF UNDER		2c. DATE PRONOUN DEAD	NCED	MONTH 7	DAY 2	YEAR 19 80	2d HOUR 6:14
	2	70. BI	RTHPLACE (STATE REIGN COUNTRY) Virginia	TE OR	76. CITIZEN OF WE	AT COUNTR	Y? 8	MARRIE		VER MARRI DIVORC	ED U	9. BALTIM		or cou		DEATH	<u> </u>
	PAGE PAGE SE FILED		TY OR TOWN OF	FDEATH	11. NAME OF HOS (IF NOT IN SUCH FAI 3108 E		NG HOME,	OR OTHE			112a. USU	AL OCCUP NOST OF WOR OUSEW	PATION (T		12b. KI	ND OF BU R INDUSTR	SINESS
21201	F ANY DEL.	13a S			R OTHER INSTITUTION, GI		ORE ADMISSION	()	13d. INSIDE (ITY LIMITS?		TOS E	D.	lt.,	Md. Ave.	2121	8
	I V N M	14. FA	ATHER'S NAME		MIDDLE	LAS			\$	ER'S MAIDE	1		IDDLE			LAST	
Ë, M	PAGES 1, ORM PM 2 I AND 2 IN OF VITA		George			Cra	ven		Ca	rrie					ot K		
BALTIMORE, MD.	URS AFTER DEAT B. GIVE PAGES WITH FORM PA PAGES I AND DIVISION OF VI	16a. V	VAS DECEASED E ES, NO, OR UNKNOW!	EVER IN U.S. ARA N) (IF YES, GIVE 1	MED FORCES? WAR OR DATES)		3-732	1		nant Sc in Hug		31 08	ADDRES	Da	lt., e Av	Md. e	21218
RDS, 301 W. PRESTON ST	UID BE EXECUTED WITHIN 24 HOL "PENDING" IN PENCIL IN ITEM 18 EF MEDICAL EXAMINER ALONG V. SED AS A BURIAL-TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, I CREMATION, OR REMOVAL.	z	Conditions, gave rise cause (a) st lying cause	any, which to immediate rating the under-last.	DUE TO, OR	TTETIO AS A CONSE	QUENCE OF					Dise	ease				
VITAL RECORDS,		CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?							20	AUTOPSY?						
DIVISION OF VIT.	FICATE SE THE WOR O THE C OUID BE RTMENT TO BURIA		210 EXTERNAL UNDERLYING	_		MONTH D	AY YEAR	21c. HO	W INJURY	OCCURRE	D (ENTERN	IATURE OF INJ	OURY IN ITEM I	8 PART 1 OR		YES 🗌	NO X
DIVISION	E. THIS CERTING E. WRITING IRWARDED T PAGE 3 SH STATE DEPAI	MEDICAL	21d, INJURY OC WHILE AT WORK	CURRED NOT WHILE C AT WORK		OF INJURY { ORY, FARM, ETC.}	AT HOME,	21f. LOC ST	ATION			CITY OR TO	wn	(COUNTY		STATE
•	TO MEDICAL EXAMINER: TE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FOWN TO FUNERAL DIRECTOR. BATTER DEATH, WITH THE ST BATTIMORE, MARYLAND, 21;		22a. I certify death resulted ACTUAL SIGNATURE EXAMINER'S NATURE OR PRINT	fram: Natur	e of the remains descond causes x;	Accident [], Svici	Autops de	Hamid TITLE (S As:	Inspection cide , PECIFY) Sistar	Undete		onner	DAT SIGI	E 7	/3/80)
		23a.Bl		ON, REMOVAL 2		23c. NAA	ME OF CEME	TERY OR	tam			CATION PRIOWN T	Raltir	nore	еМ Үтий	rvlah	à'à
0905	DHMH - 17 (VR A15 ME (5))		JNERAL DIRECTO	OR	Inc. Ba					25a. DATE	EC'D. BY	REGISTRA 198	R 25b. RE	RAR'S	SIGNAT	Creed	7
	15M7/77		- Jiidi (l	Tuck,	Tuc. pa	LULIMOR	e. Man	yall	IU								

Parket A Carrier of the Land	2 1014		2 I
les of the least o		S8 999 81, 2446	of water the se
. : : : : : : : : : : : : : : : : : : :		. 0.9.4.	ini-rii
mounerate.		edi shinusing porc	Particles.
. No. officeff 00E	x	ero itil	In a Surra
into a feet	inger o	novari)	o tino
elle distance elle	end High alvin (8-2-00-610 -	
	Paramet 150 off		
enskie is.			
ense tit ts.			
	Line in in in in in in in in in in in in in		

Westminster Md.

(VRA 15, 4) 1/79

Thomas D. Fletcher & Son

The and the reduced Tarrett our Pearl HORIZO dino de la litta OSEI S S. JUL. S STORE S

	1				STAT	E OF MARYLAND			
+	L	FOR STATE REGISTRAR		DEPARTA		FICATE OF DEATH	IENE 8 0	1 7	5 6 3
. m.e	1. DE	CEASED NAME FIRST	1	WIDDLE	11	LAST	20. DATE OF DEATH	-	YEAR 26 HOUR
moy be		Kober	+ Louis	5	HEL	thes			980 9:50 Am
(4)	3. SE	male	1 RACE	ucasion	5 DATE	OF BIRTH DAY YEAR O Z YEAR	6 AGE (IN YEARS LAST BIRT	HDAY IF UNDER	DAYS HOURS MIN
170	9	SIRTHPLACE (STATE OR FOREIGN COUNTRY) North Carolina	76 CITIZEN OF	WHAT COUNTRY?	8 MARRII WIDOW	DIVORCED	9 BALTIMORE CITY O	MORE CIL	ITH AD
page /	10 0	Ballimore	11. NAME OF		IG HOME	Fospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	ON 12b. K	AND OF BUSINESS OR
must be	USU 13a.	AL RESIDENCE (IF NURSING HOME C STATE Maryland Bal	PROTHER INSTITUTION		N	134 INSIDE CITY LIMITS? YES NO XX	13e STREET ADDRESS 360 Old Tr	211 Dd 21	21.2
Sominer Con	14 F	Richard Bas	iT ^{oo} Hughe			15. MOTHER'S MAIDEN NAM Ottie	Belle Belle		ighbors
medical	16a	WAS DECEASED EVER IN U.S. A	RMED FORCES? WAR OR DATES)	242-26-0		17 INFORMANT Juanita H.Hug	hes 360 Old		21212
or removal. atic event, the		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS IMMEDIA	ED BY. TE CAUSE (a)	or line far (a), (b), and MC OR AS A CONSEQUE	tasta	the oat cell	lung cance		APPROXIMATE INTERVAL TWEEN ONSET AND DEATH.
or other traumatic		Canditians, if any, which gove rise to immediate couse (a), stating the underlying cause last	(b)_	DR AS A CONSEQUE					7
Then ple to burio njury, ar	Z O	PART 2 OTHER SIGNIFICANT	CONDITIONS	ontributing to [DEATH BU	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN PA	ART Hai
prior	CERTIFICATION	19a DATE OF OPERATION	19b COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE I IN CERTIFYING CA YES	FINDINGS USED AUSES OF DEATH?
and Mental Hygiene	_	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	ATH HOUR A	DFINJURY m. MONTH DA	AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR P	ART 2)
morked ar It	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY PREET, FACTORY, OFFICE, F		211. LOCATION STREET	CITY OR TOW	'N COUN	NTY STATE
21 is mork		220 I certify that (I) (this hosp sow the deceased alive of	Jul	y Z 198	41	nd that in (my) (oot) opinion of	ta	3 , 19 8 C	om the couses stated
detoched f tate Dept. a VT: If Hem?		obave, (1) (yes-(did) (did n 22b. SIGNATURE	10	atter death.		DEGREE	MEDICAL STAF	224.	DATESIGNED
with the State [Paul C	hang,	ma		5601 La	ch Raven	Blod., Ba	Himne, M.L.
3 4	23a. B	BURIAL, CREMATION, REMOVA UTIAL	23b. DATE 7-5-			Valley MEM Ga	23d. LOCATION CITY OR TOWN	county	STATE
M 1/76 4))	24 F	uneral director	de lels	ADDRESS	500)	250. DATE	JL 7 1980	25b. REGARANS 51	Helvedy

mires.

.n.c., millers diven

namewina

Sigir a first big Out is sensiting opening beat or

land land sell amines sell amines are seller

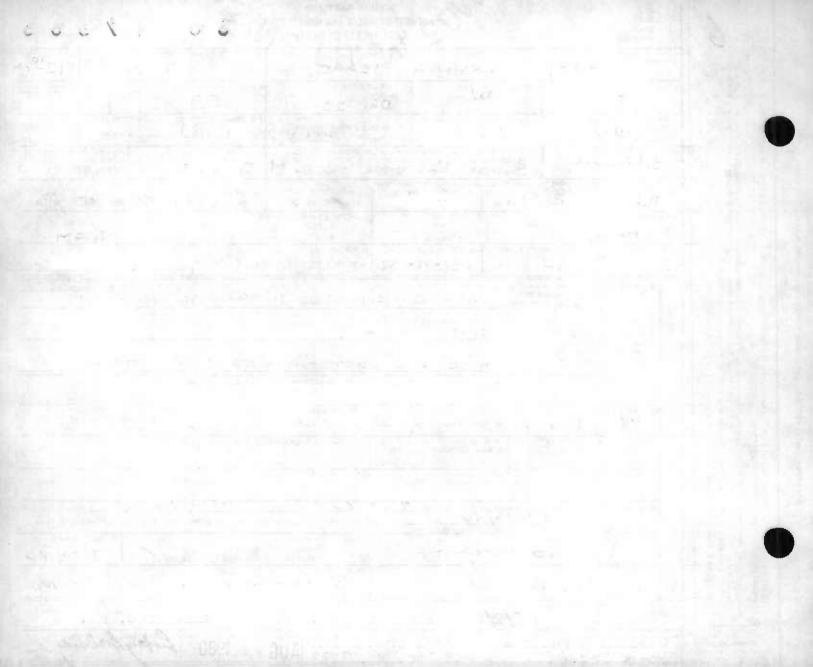
Compagnists Clivery bot and has soften veneface of -1-7

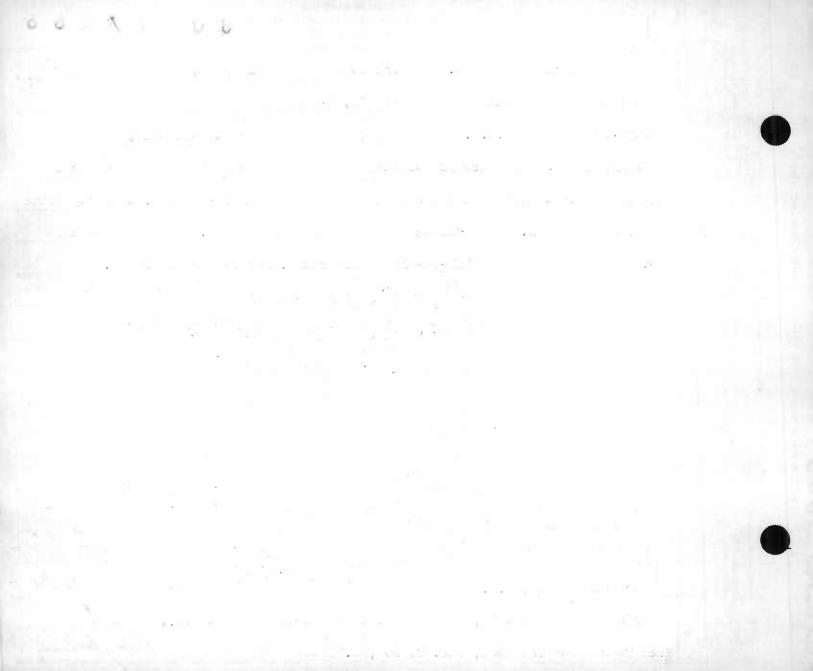
with the field of the first that the second

DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME FIRST 20. DATE KNOWNXX MONTH YEAR 7b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 23 1980 Samuel. Hunter 4. RACE 6. AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 5. DATE OF BIRTH CAY 2c. DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED 7:28 White Male July 10,1908 72 YRS DEAD 1980 b. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED MEVER MARRIED FOREIGN COUNTRY Pennsylvania U.S.A. Baltimore City WIDOWED DIVORCED IO, CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS Tool & DieMaker OR INDUSTRY JEM PM 3. RETAIN PA 1 AND 2 SHOULD BE 4 OF VITAL RECORDS, 10 37th Street Baltimore 826 W. Aircraft USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION 13a. STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 826 W. 37th Street BALTIMORE, MD. 21201 Maryland Baltimore YES K NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Hunter MIDDLE LAST Robert Mary 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT ADDRESS WITH FOR (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR GATES 218 05 3758 No Ruth M. Hunter Same 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) *APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Candifians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, NOXIX YES STATE DEPARTMENT (2)201 PRIOR TO BURIA 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 19 21d. INJURY OCCURRED 218. PLACE OF INJURY (ATHOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE AT WORK Inspection X 22a. I certify that I taak charge of the remains described above, held an Autapsy and in my apinian ARYLAND, death resulted fram Hamicide Undetermined manner DIRECT. TITLE (SPECIFY) TO MEDICAL E.
EXECUTE THE C.
PAGE 4 SHOU!
TO FUNERAL D.
AFTER DEATH, N.
BALTIMORE, MA. Assistant 7-24-80 SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME Hormez R. Guard, M.D. 111 Penn Street TYPE OR PRINT ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Lorraine Park Cemetery Baltimore Baltimore Park Cemetery Baltimore 26 July 80 BP Burial Marviand 24. FUNERAL DIRECTOR **DHMH-17** Burgee Funeral Home 3631 Falls Rd.21211 (VR A15 ME (5)) 15M 7/77

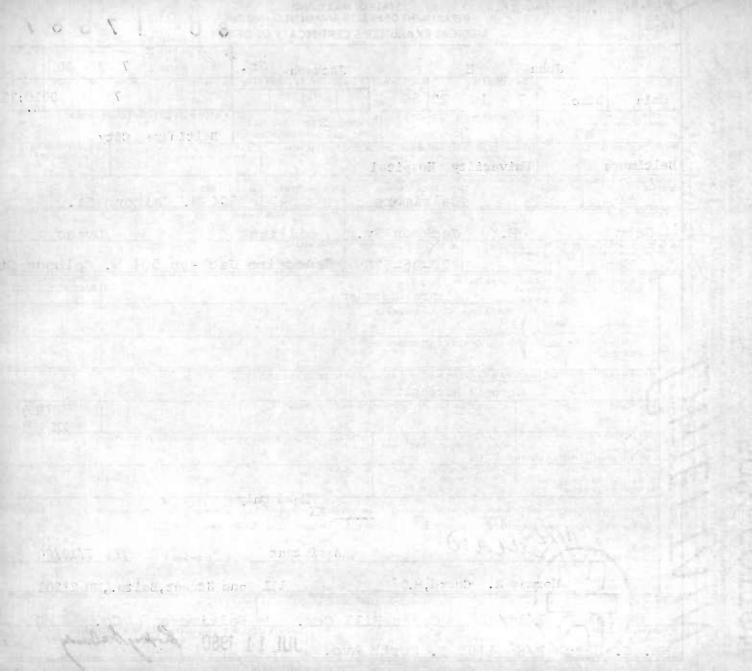
			27 508L	I VIII	
					almay/yemnes
THE SUID	olu A Look				
yên Stadio		4	Prontile.		time the mil
	any alype			aponuli as	econ
3154	injena .K 6.	Disk.	वस के अपन		611
			disensite bili sepater		

/	FOR - STATE	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG	HENE & O	17545
6	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	1 1 2 0 5
1 200	I. DECEASED NAME FIRST (TYPE OR PRINT) RUBY	VIRGINIA	ISAAC	20. DATE OF DEATH MONTH	30 80 12-6
et may		A RACE	S DATE OF BIRTH MONTH DAY YEAR OG 23 21	6. AGE (IN YEARS LAST ERTHDAY) 59 YR	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
desin. Po	7r. BIRTHPLACE (STATE ORFOREIGN COUNTRY) West Virginia	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED WORKED	1 BALTIMORE CITY OR COUR	
by the familiary of the	Bellmore /	200111	DONESS) THORE GENERAL H	170 USUAL OCCUPATION (TYPE OF WORK FOR MOSE OF WORKIN	GLIFE) 126. KIND OF BUSINESS OR INDUSTRY UNIFORM CL
All the first set for the firs	USUAL RESIDENCE (# HURSING HOME OR 130 STATE	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	YES , NO A	130. STREET ADDRESS 3 CONDGA F	USIE AT 13.
cuted wit	MACK	ADDLE LAST CORBET		MIDDLE	AOM M
ficate be execution and compers. Pages 1 and company.	160 WAS DECEASED EVER IN U.S. ARA (15 YES, NO OR UNKNOWN) (15 YES, GIVE	war or dates) 236-26	6520 KATHLEE	N RYAN, dght	r.,same addre
requires that the death cert signed by the attending phen please remove carbon pao bural, cremation, or reminy, or other traumatic					TOTACH GIVEN IN PART 1(0)
CIAN: The law rician. Initiate has been insit permit. The Hygiene prior to make miss to miss to miss any miss and miss a	TO THE DATE OF OPERATION 7/ 29/ 80 210. ACCIDENT WAS UNDERLYING	1% CONDITION FOR WHICH,	Stonech	YES NO IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
PHYSICIA gg physicia this certific urial-transi Mental Hy	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)
DING ittendin After S the but th and market	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA		CITY OR FOWN	COUNTY STATE
ATTEN pital or a RECTOR: for use a for Heal	saw the deceased alive an abave, (N (we) (did) (did not	al) attended the deceased fram	and that in (my) (aur) apinion	death occurred an the date and	
by the hospital by the hospital by the hospital blacked for e detached for State Dept. of ANT: If Item	22b. SIGNATURE	Lakele	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	7/30/70
TO HOSPITAL retained by the TO FUNERAL should be detac with the State IMPORTANT:	J. E. CSU.	DERON		MONE GENE	erse Mospinse
) BP	238. BURIAL, CREMATION, REMOVAL (SPECBURIAL)	8/2/80 Mor	eland Mem.Park	Baltimo	re, Md. STATE
	Some munek Fun	2227	Brehms Lane AUG	E REC'D. BY REGISTRAR 251	ISTRAR'S TIGNATURE

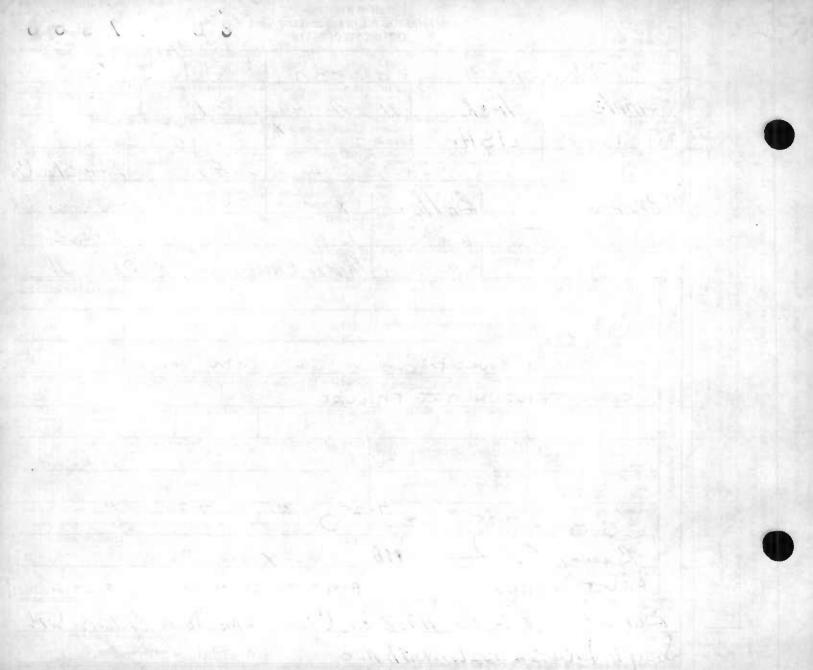




K 1	FOR STATE	22a, FilmG5	46 8/11/8	O kam STA DEPARTMENT OF		MARYLAND I AND MENTA	L HYGIEN	NE. C		7	e 4	7
150	REGISTR.	AR	ME	DICAL EXAMI	NER'S	CERTIFICATE	OF DE	ATH U RE	G. NO.	/	2 0	1
	1. DECEASED (NAME FIRST		WIDDLE		LAST	1200	20. DATE KNOW	VN K MON	TH DAY	Y YEAR	26 HOUR
		Jol	nn I	I		Jackson	Jr.	OF EST	D 🗆 7	9	1980	M
	3. SEX	4 RACE	S. DATE OF BIRTH	YEAR LAST BIRTH	EARS IF UP	NDER 1 YR. IF UND	DER 24 HRS.	2c. DATE	MON	H DAY	Y YEAR	2d. HOUR
l	male	black	7 10	20 59	RS.	HS DAYS HOURS	MIN.	PRONOUNCED DEAD		7	9, 80	10:22
-	70. BIRTHPLAC	E (STATE OR	76. CITIZEN OF W	HAT COUNTRY?	8. MARR	IED TO NEVER MA	RRIED .	9. BALTIMORE	ITY OR COL	JNTY OF	DEATH	
)		MD		USA	WIDOW		RCED [Baltime	ore C	itv		MD.
200	10. CITY OR TO	WN OF DEATH	11. NAME OF HOS	PITAL, NURSING HON	E, OR OTH	IER INSTITUTION	12a. US	MAL OCCUPATION	TYPE OF WO	RK 112b. K	CIND OF BUS	SINESS
1	Baltim		Universi	ty Hospit	al		100	MOST OF WORKING ER	EJ	94	ok ii voosiik	
e l	USUAL RESIDE	NCE (IF IN NURSING HOME (VE RESIDENCE BEFORE ADMISS	SION)	13d. INSIDE CITY LIMITS	2 113a STR	REET ADDRESS		1	4	0.11
	M	D		Baltimor	e	YES X NO			Calho	un S	St.	
	14. FATHER'S N	IAME	MIDDLE	LAST		15. MOTHER'S MA	IDEN NAME			bar	LAST	
1	Joh		H.	Jackson	Sr.	Lill	ian	MINDLE		Ev	ans	
1	160. WAS DECK	ASED EVER IN U.S. AR		16b. SOCIAL SECURI		17. INFORMANT		ADI	RESS			
		es	,	220-05-5	789	Ernest	ine 3	Jackson	504	N. C	Calho	un St
	18 CAU	SE OF DEATH (Enter on	ly ane cause per line	far (a), (b), and (c).)							APPROXIMATE TWEEN ONSET	INTERVAL
	PAR	DEATH WAS CAUSE	D BY: TE CAUSE (a)	Seizure Di	sorde:	r			1-2	31		
	3	3-	DUE TO, OR	AS A CONSEQUENCE	OF							
		ditians, if any, which e rise to immediate	(b)									
		ie (a) stating the <u>under</u> - g cause last.	DUE TO, OR	AS A CONSEQUENCE	OF			E HOT		107		
			(c)									
		NER SIGNIFICANT CONDITIONS		BUT NOT RELATED TO THE TER		E OR CONDITION GIVEN I	N PART 1 (a).					
	<u>ē</u>			Alcoholis		Edd III						
	S 19a. DAT	E OF OPERATION	19b. CONDI	TION FOR WHICH OPE	RATION W	AS PERFORMED?				20.	AUTOPSY	HO)
	19a. DAT	DAIAL CALIER WAS	211 711 7			14-2-12-12-1				- 3	YES XX	NO 🗆
-		YING OR	HOUR A.M	. MONTH DAY YEA	R 21c. Ho	OW INJURY OCCU	RRED (ENTER	NATURE OF INJURY IN IT	TEM 18 PART 1 O	RPART 2)		
		YING OR BUTING CAUSE OF			011 (5	0.710.1						
	WHILE	RY OCCURRED NOT WHILE		OF INJURY (AT HOME, TORY, FARM, ETC.)		CATION		CITY OR TOWN		COUNTY		STATE
	AT WO	K AT WORK				Head	Only					
	22a. I	certify that I taak charg	ge af the remains des	cribed abave, held an	Autap			Inquiry .	and in my	apinian		
	death r	esulted fram: Naty	ra causes XXX	Accident , S	vicide 🔲	, Hamicide	. Undet	termined manner				
9		1/1/	DILA	11)		TITLE (SPECIFY)				77.		
	ACTUAL SIGNAT	JRE	Pulled		, M	Assistan	t MED	CAL EXAMINER	DA SIG	TE NED	7/10/8	0
1	EYAMIN	ER'S NAME II										
	(TYPE O	PRINT) HO	rmez R.	Guard, M.D		ADDRESS 1		n Street	Balto	MI, MI	2120	1
	23a. BURIAL, CR (SPECIFY)	EMATION, REMOVAL	3b. DATE	23c. NAME OF CE	METERY O	RCREMATORY	23d. LC CITY	OCATION	C	OUNTY	STA	7E
			7/14/80	Cedar	Hill	Cem.	Ba	altimor	2	Co.	M	D
	24. FUNERAL D		ADDRESS	7.50		1 1111	1 1	1980	GISTRAR'	Xel.	TURE	
ĺ	Wm. C	. March	F/H 110	1 E. Nor	th Av	ve. Jul	. 11	1300	1		1	



	1			STATE OF MARYLAND		
2	1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	REG. NO	17568
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
nay be page 3 death	-	Mar	10n	Jackson	VUI	126-80 M
or, pe	3 /5	× /a	1 RACE	5 DATE OF BIRTH MONTH DAY YEAR	6 AGE IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN
director, products after	11	CIMARE	DIACK	11 11 48	3/	YRS.
eral d	N N	IRTHPLACE (STATE OR FOREIGN	TO CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	P BALTIMORE CITY OF	COUNTY OF DEATH
the fune within 7	10 0	ITY OR TOWN OF DEATH	111, NAME OF HOSPITAL NURSIN	WIDOWED DIVORCED DIVORCED	120 USUAL OCCUPATION	ON 125 KIND OF BUSINESS OR
by the		Baltimore	ME NOT IN SUCH FACILITY, GIVE STREET		TYPEOF WORK FOR MOST OF	
within 24 hc tely filled in should be fil	USL	AL RESIDENCE IN MURSING HOME OF STATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR		130. STREET ADDRESS	1. Stockton S
D 90	14 F	ATHER'S NAME	LAST LAST	15. MOTHER'S MAIDEN NA	WE	Demar
te be executed an and complement and complement to the medical complement.	16e	WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN)	RMED FORCES? 166 SOCIAL SECU	IRITY NO 17 INFORMANT	ADDRE:	
		110	1219-62	30491/ Care 1510	ULDON 1907	M. Delless
physiciar papers. P emoval. tic event,		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one couse per line for (a), (b), or ED BY	d (ct.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
no on a	100	IMMEDIA	TE CAUSE (o)			
deatl tendi carb on, o		4210	DUE TO, OR AS A CONSEOU	ENCE OF		10.00
at the the att emove rematic		Conditions, if ony, which gove rise to immediate	(b)			
£ >= > >		cause (a), stoting the underlying couse lost	DUE TO, OR AS A CONSEQU	ous on Pulm. +	Mitralus	alves
equires igned to please burial		PART 2 OTHER SIGNIFICANT	107	DEATH BUT NOT RELATED TO THE TERM		
y to	N N	CONGES		FAILURE		
ws brief	CERTIFICATION	196 DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY2	70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ☐ NO ☐
SICIAN ysician. sertificat transit pital Hygii Item 18	1 8	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUR		
HYSICIAN: The physician. is certificate ha ial-transit permental Hygiene or Item 18 sho		OR CONTRIBUTING CAUSE OF DE		AY YEAR		
	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	211 LOCATION	CITY OR TOW	N COUNTY STATE
D T A T H	1	AT WORK ON AT WORK				
ATTEN oital or a ECTOR: for use ar of Heal			oital) ottended the deceased from_	7-25 19 80		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Poital for to of tem			ot) view the body after death.		death occurred on the da	te and haur and from the couses stated
TO HOSPITALON A retained by the hospital for CONERAL DIRECT should be detached for with the State Dept. or MPORTANT: If Item		226. SIGNATURE	7/	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F IAN
SPITAN A BANGER OF GRANGE OF CARREST TAN	1	224. PHYSICIAN'S NAME ITYPE	OR PRINT)	22¢ ADDRESS		
TO HOSPITAL retained by the TO FUNERAL should be detach with the State D		BRUCEIK	OHRN	BON 35COL	DRS HOSPI	TOL BOLTIMORE,
Shoots with	23a	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR GREMATORY	234 LOCATION	COUNTY STATE
BP	1	DUYIA	8-2-80 M	7, Zion Cem.	LAIDS DOG	ne Ballaile. You
DHMH-16 25M	24 F	UNERAL DIRECTOR	ADDRESS		0 = -	Sh. POGISTRAR'S SIGNATURE
(VRA 15, 4) 1/79	1	seph Lilui	55 2222 W.No	Th Ave AU	5 1980	proppy Ma Creade

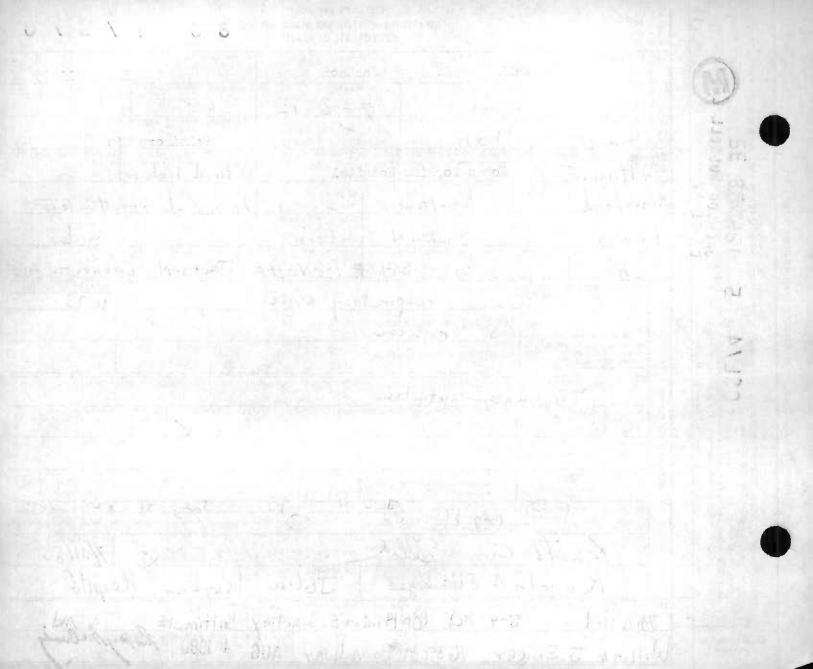


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME O DATE KNOWN 2b. HOUR (TYPE OR PRINT) HECESSARY, PLEASE UNERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS WITHIN 72 HOURS MAURICE C. JACKSON 10 ,80 DEATH MATED 4. RACE AGE (IN YEARS IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 1980 6 17 63 17 DEAD 10 male negro m a Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED & FOREIGN COUNTRY) Maryland U.S.A. Baltimore City WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 120. LISUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS Maryland General Hospital (DOA) Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13b COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Baltimore YES X NO [1322 McCulloh St. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME P. J. MIDDLE ON O MIDDLE James Jackson, Jr. Shirley Goodman 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. **ADDRESS** DIVISION Apt. 2 (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) PAGES No 1322 McCulloh St James Jackson, Jr. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot wound to chest (unspecified weapon) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which TH AND MENTAL ATION, OR REMO gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO T 216. TIME OF INJURY HOUR MAY 21g. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD UNDERLYING OR 0 MEDICAL Subject shot by assailant. 3 SHOU CONTRIBUTING CAUSE OF DEATH 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT WORK AT WORLE basketball court 1201 Pennsylvania Ave., Balto. Md. TO MEDIAL
EXECUTE THE CERT.
PAGE 4 SHOULD BE POINT
TO FUNERAL DIRECTOR: P
AFTER DEATH, WITH THE ST
RATIMORE, MARYLAND, 2" 220. I certify that I took charge of the remains described above, held an Inspection Hamicide X Accident death resulted frami Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL Assistant 7-11-80 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION COUNTY STATE Buria1 7/17/80 King Memorial Park Baltimore County MD 250. DATE REC'D. BY REGISTRAR 24. FUNERAL DIRECTOR **DHMH - 17** 1101 E. North Avenue 1 4 1980 (VR A15 ME (5)) C. March F.H. 15M 7/77

Con Control of the Co TAX AND PRINTED BY The state of the s

**	1.	FOR STATE	DEPAR	MENT OF HEALTH AND MENTAL HY	GIENE 8 O	17570
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
. 6		CEASED NAME FIRST OR PRINT) Rus	ssell L.	Jackson	20. DATE OF DEATH MONTH	31 80 11:35 M
wow (M)	3 SEX		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4	N	TALE	Black	7 - 6 - 12		RS. DAYS HOURS MIN.
o de de	70 BIF	THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED WEVER MARRIED	9. BALTIMORE CITY OR COL	
STATE OF THE STATE	10 CI	Y OR TOWN OF DEATH		WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
Solfie Colfe	BI	7 HimorE	Johns Hopkin	s Hospital	Detired LADO	
25 25 25 25 25 25 25 25 25 25 25 25 25 2	13a S	L RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO		13. STREET ADDRESS	0 11- 0:0
TAND IN 24		THE S NAME	WA ITI	IS, MOTHER'S MAIDEN N	11806 5,04	Enyatte AVE.
المَّامِ الْمُعَامِّ الْمُعَامِّ الْمُعَامِّ الْمُعَامِّ الْمُعَامِّ الْمُعَامِّ الْمُعَامِّ الْمُعَامِّ الْمُعَامِّ	1.	FIRST	MIDDLE TACKS	FIRST	WIDDLE	Rin Ano S
2 0 0		AS DECEMED EVER IN U.S. A	O'IT GITTE		ADDRESS	1608 8
be executed and and and and and and and and and an		NO	213-03-	8398+ HrNeH	A JACKSON	LAFAYette AVI
		PART I. DEATH WAS CAUS				BETWEEN ONSET AND DEATH
ON ST., on St., on string processing process		1991 IMMEDIA	THE CAUSE (U)	Pivalion		1117-3
RESTON death death anove car atrian, or traumati		Conditions, if any, which	DUE TO, OR AS A CONSEQ	UENCE OF		
W. PRI		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQ	UENCE OF		
201 V			CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OF CONDITION	I GIVEN IN PART 1/0
RDS, RDS, Then to bu	NO O	2TB (Cancon aretus	talu	MINAL DISEASE ON CONTINO	OFFICE AND THE
S beer s beer s prior	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	HOPERATION WAS PERFORMED		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
TALRE lo ician. The lo ician. Ite has sist per giene pshaws.	ERTIF	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21/2 HOW IN JURY OCCU	RRED (ENTER NATURE OF INJURY IN ITE	YES NO NO
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN. The low requires that the death certicate has been signed by the thending passing permit. Then please remove carbon th and Mental Hygiene prior to burial, cremation, or rerorked or them 18 shows on viviny, or other traumatic expension.	- 1	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH		THE TENTER NATIONS OF MOSING MANAGEMENT	
HYSIC Ading Als ce burid Amen	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY STATE
DIVISIG DING PH ar offen this e as the le alth and	*	AT WORK NOT WHILE	TAT HOME, STREET, FACTORY, OFFICE			
ENDIII		220.1 certify that (1) this hasp	pital) ottended the deceased from		n death occurred on the date and	hour and from the couses stated
RECTO Hed for them 2 if th		obove, (I) (we) (did) (did	ot) view the body ofter death	On 1 DEGREE		224 DATE SIGNED
at one of a second		Kelnot	la. El	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1 7/31/80
HOSPITAL ned by th FUNERAL UID be detected to the State		224 PHYSICIAN'S NAME (TYPE	ORPRINT) N SIL	22e. ADDRESS	11 10.	Maruth
TO HOSPITA etoined by TO FUNERA should be de with the Stotl		Nenne	JN HI CHELLE	Jour	Toy Kill	1000/100
080 BP	230. E	SURIAL, CREMATION, REMOVA	236. DATE 8-4-80 P	NAME OF CEMETERY OR CREMATORY	O CITY OR TOWN	COUNTY STATE
DHMH-16 30M 2/80	24. FU	INERAL DIRECTOR	TO	25a D	ATE REC'D. BY REGISTRAR 256. P	Especially Medicaly
(VRA 15, 4)	1.1	INAME T ST	DICON 1639	n. Broadliav Al	JG 4 1900	111

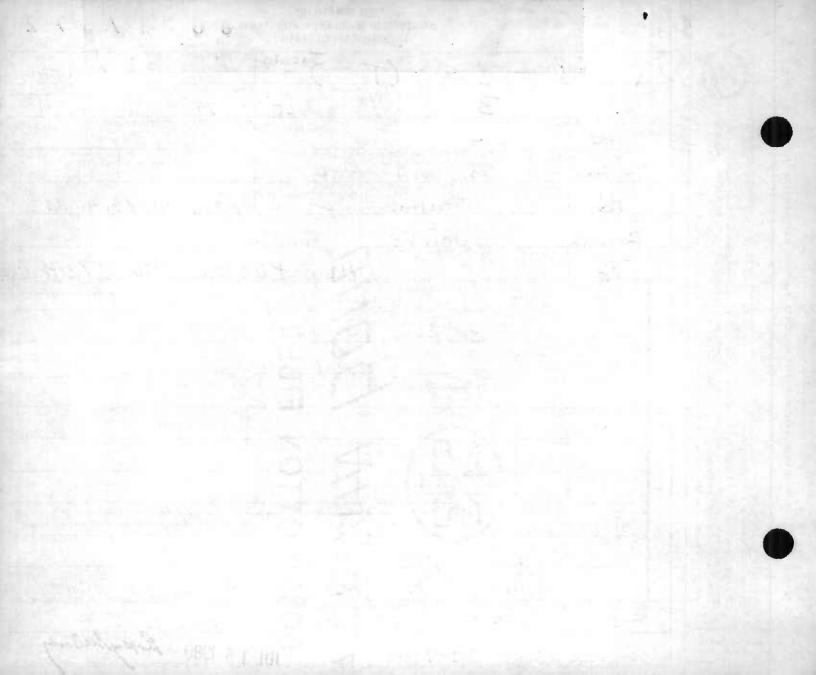
CTATE OF MARYIAND



/	1750	_	OM 17 E	3545 7/.	31/80	D		MENT OF H	HEALTH		ENTAL H	The same of			1 .	7 5	7	1
	1		REGISTRAR	3, 709		WED		EXAMIN	EK.2 C	EKITFIC	CATEO			REG. N	_	7		
(men	S 1.		CEASED NAME E OR PRINT)		LIAM	1	MIDDLE		JACE	CSON		, [2	OF	ESTI- MATED	Party Party		80	26. HOUR
The state of the s	2 HOUR	3. SEX		4. RACE negro	MONT		YEAR	6. AGE (IN YEA	Y) MONTH	DER 1 YR.	IF UNDER		RONOUN DEAD	NCED	MONTH 7	29	YEAR 80	3 HOUR
NECESSAI FUNERAL OR 5 FOR YOUR	PRESTON PRESTON		RTHPLACE (ST	ATE OR	7b. CIT	19 IZEN OF WH	30 AT COUN	ITRY?	8. MARRIE		VER MARRI	ED L	BALTIM	ore city	-	ITY OF D	19	
TIS NE	W. W. W.	10. CT	TY OR TOWN		11. NA	WE OF HOSP NOT IN SUCH FAC	ITAL, NU	RSING HOME,	OR OTHE		TION	12a. USU.		PATION (T		126. KIN	ND OF BU	MD.
ELA)	T CS BE		Balti			versit;						100					0.3	
D. 21201 H. IF ANY DELAY IS NEC 2, AND 3 TO THE FUN 3. RETAIN PAGE 5 F	ECORE FECORE	13a S1		IF IN NURSING HOA		INSTITUTION, GIVI		OR TOWN		13d. INSIDE C	ITY LIMITS?	13e. STRE	ized i	ss 20	th S	treet	t	
	100		THER'S NAME		MIDDLE	Eller	7	LAST		15. MOTHE	ER'S MAIDE	NAME	M	IDDLE			AST	
	\$ 50 CE 84		William		G.	Eigh	Jac	kson	4		tie		V .		Jack			
BALTIMORE, IRS AFTER DE GIVE PAGEI			ES. NO. OR UNKNO	DEVER IN U.S. A	ARMED FO			CIAL SECURITY		Fates				ADDRES			310	200
BALTI JRS AF WITH	DIVISION O		No					-56-52			ina J	Tacks	on	4204	Lock			
	. 0		18. CAUSE O PART I DE	F DEATH (Enter ATH WAS CAU	only ane co SED BY:	ause per line f]	or (a), (b)	iple in	juri	es						BETW	PROXIMATE ZEEN ONSET	AND DEATH
PRESTON ST., VITHIN 24 HOL CIL IN ITEM 18 NER ALONG	AL-TRANSII PERMIT. MENTAL HYGIENE, D DR REMOVAL.		0111	IMMED	IATE CAUS	SE (a)		SEQUENCE C										
ER A	L HY OVAL	7		s, if any, whi	ich			- DEGOETTEE E							6	8 2		
OT W. PRES	ENTAL HY REMOVAL		cause (a)	e ta immedia stating the <u>und</u>	<	(b) DUE TO, OR A	S A CON	ISEQUENCE C)F	*						+-		
301 W	BURIAL-TRANSIT AND MENTAL HY ON, OR REMOVAL		lying cou	se last.		(c)												
ECORDS, 3	SED AS A BURIX HEALTH AND A CREMATION, O	N	PART 2 OTHER SIG	GNIFICANT CONDITIO	ONS CONTRIBU	TING TO OEATH BI	JT NOT RELA	TEO TO THE TERMI	NAL OISEASE	OR CONDITIO	N GIVEN IN PAI	RT 1 (a).						
SHOULD E	USED A	ICATIC	190. DATE OF	OPERATION	923	19b. CONDITI	ON FOR	WHICH OPERA	ATION W	AS PERFOR	MED?	W.		- 66			UTOPSY?	
DF VITA TE SHC WORD HE CHI		RTIF	21a EXTERNA	I CAUSE WAS		21h TIME OF	INITIPY		Tale HC	W/ INTILIBY	OCCURRE	D . ENITED NI	ATLIDE OF IN	HIDV IN ITEM 1	10.0407.1.00.5		ES 🗌	NO X
FICA	E 3 SHOULD BE E DEPARTMENT PRIOR TO BURIA	MEDICAL CERTIFICATION	CONTRIBUTI	L CAUSE WAS OR NG CAUSE C	OF DEATH	216. TIME OF AM. 3:40 _{P.M.}			Ped	estri	an st	- '			TOTALL TOLV			
DIVISION THE CERTING WRITING ARDED T	DEP.	MEDI	21d. INJURY C	NOT WHILE	$\overline{\mathbf{x}}$	STREET, FACTO	F INJURY	(AT HOME,		ATION	. Per	ring	CITY OR TO	WN Bal	to.	OUNTY		Mď.
E S S	AT			AT WORK					Autops		Inspection	LA	Inquiry		ond in my o	ninion		1100
AINE FICA SE FO	AND,		death resulte		atural cave		Accident.	(V)	cide .	Hamic		,	rmined mo],	pillion		
TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV	, WITH		ACTUAL	1	m	12	VA				istan	t			DATE	7	' -2 9-	80
DICAL E THE	JERAL DE ATH ORE. /		SIGNATURE,	1	A 10.10	M Dan	~ ~	M D	M.	D. 1100		Penr	CALEXAN	AINER	SIGN	IED		
MEI GEOUT	TER (EXAMINER'S (TYPE OR PRI			M. Dix				ADDRESS_								
11 4 13 1	A B	23a.Bl	Burial Burial	TION, REMOVA				NAME OF CEM					CATION OR TOWN	. Md.		UNTY	ST	ATE
O / BP	17	24. FL	UNERAL DIREC	TOR	1 8/2	2/80		rbutus	FIGURE .	Park	25a. DATE				GISTRAR'S	SIGNAT	URE	
(VR A15 a	ME (5))		Wm C Ma	arch F/1	H	1101	E. 1	North A	ve.		JUL :	29 10	080	Pu	try	hall	why	

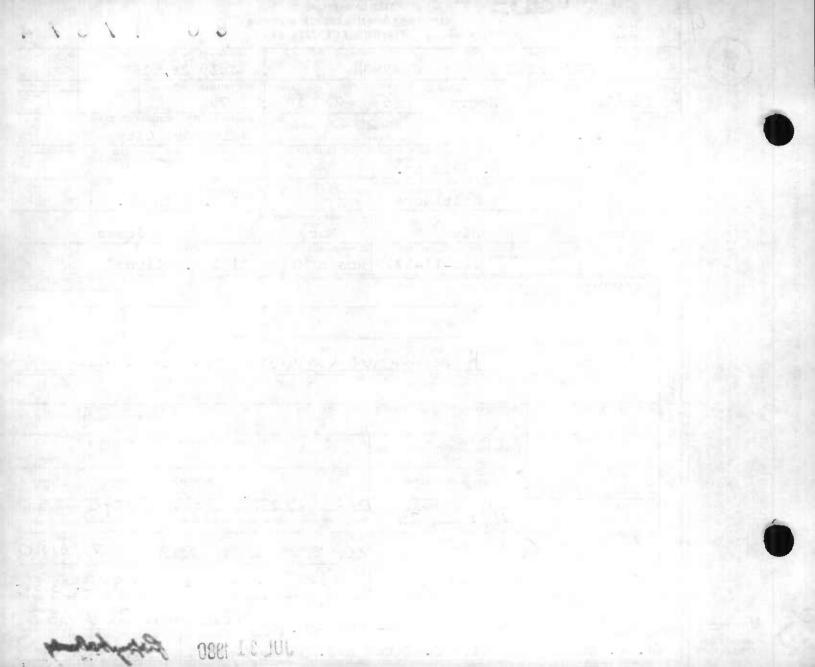
			MERCE !			
	2					
				de la re		
		Batte Area				
	200					
	Nigoto In					
	·					
	 · ·			6.7		
100						

1	1.	FOR STATE REGISTRAR	D	EPARTMENT OF H	E OF MARYLAND LEALTH AND MENTAL H ICATE OF DEATH	YGIENE 8 0	1 7	5 7	2
y be	(TYPE	CEASED NAME FIRST OR PRINT) CLAREN	10-	(J	ACUB) acob	S 20. DATE OF DEATH	MONTH DAY	80 5	-25/1 M
ors offer	3 SE	M.	B B	S. DATE C		6 AGE (IN YEARS LAST BIE	THDAY) FUI MONT		UNDER 24 HRS
in 72 hours		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COI	JNTRY?	D NEVER MARRIED [9 BALTIMORE CITY	OR COUNTY OF	DEATH	MD.
by the functiled within footified of	10 C	TY OR TOWN OF DEATH Balto.	(IF NOT IN SUCH FACILITY, G	NURSING HOME O	HOSP.	120 USUAL OCCUPAT		2b. KIND OF BUNDUSTRY	JSINESS OR
ould be fi	USU 130.	AL RESIDENCE (IF NURSING HOME OF 13b. COUN	OTHER INSTITUTION, GIVE RESIDEN	NCE BEFORE ADMISSION) OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	W. No	rth K	46
completely 1 and 2 sh of examiner)4 F/	GEOVER.	MIDDLE	AST	15 MOTHER'S MAIDEN N			LAST	
Pages medic		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCI	AL SECURITY NO.	Hargaret	Wallage.	1726 Z	d Mor	th Au
signed by the attending physicio hen please remove corbonpopers to burial, cremation, or removal. ijury, or other traumotic event, the	z	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CO	NSEQUENCE OF A SEQUENCE OF	ARY BLAD ENAL-EI NOT RELATED TO THE TE	DER WILL DER WILL ALLURE RMINAL DISEASE OR COM	IDITION GIVEN	APPROXIMATI BETWEEN ONSE	T AND DEATH
mit. I prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		ERE FINDINGS G CAUSES OF	
burial-tran Mental Hy or Item 18	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	HOUR A.M. MON P.M. 21e PLACE OF INJURY		21f. LOCATION	JRRED (ENTER NATURE OF INJU			
se as the solth and morked a	W	WHILE AT WORK NOT WHILE AT WORK 220.1 certify that (1) (this hospi	(AT HOME, STREET, FACTORY		STREET 19	CITY OR TO	WN (that	STATE (1) (we) lost
etoched for us te Dept. of He		sow the deceased alive an above, (I) (we) (did) (did no 27b. SIGNATURE	711/1	19 1, 01	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	.FF	0. 12	ses stated
should be deto with the State [IMPORTANT: If		22d. PHYSICIAN'S NAME (TYPEO	ANANO		270 ADDRESS 2600)	hely- Heid	1 AR	21215	
₹ § §	23a (urial, cremation, removal Burial	7/18/80		EMETERY OR CREMATOR	23d LOCATION CITY OR TOWN Laurel,	Md.	NTY	STATE
16 50M 1/76 A 15 (4))	24 F	INERAL DIRECTOR NAME Wm C March F/H		North A	250 D	ATE REC'D. BY REGISTRAF	25h Rolling	Melio	4



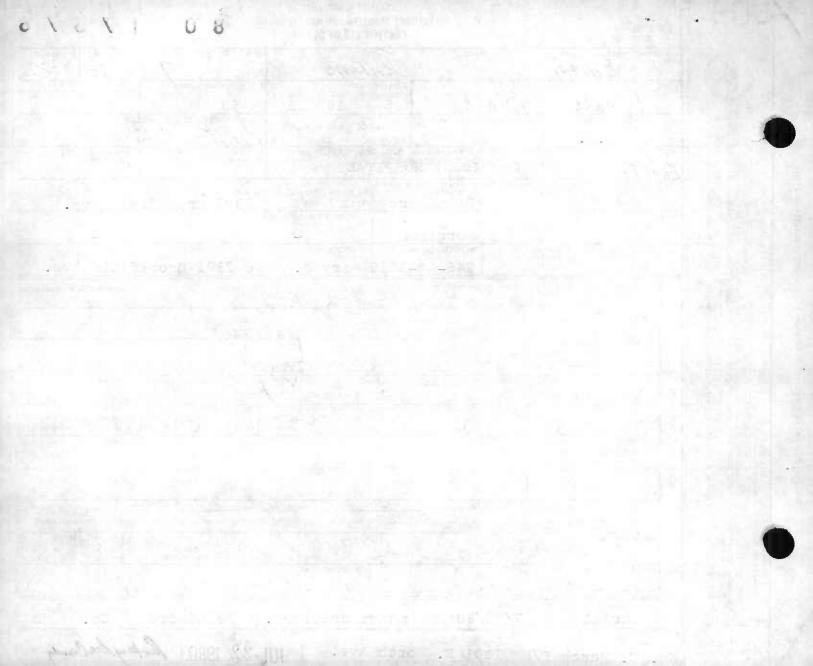
U HOLD TO STATEMENT 28 DRIKE STATEMEN.

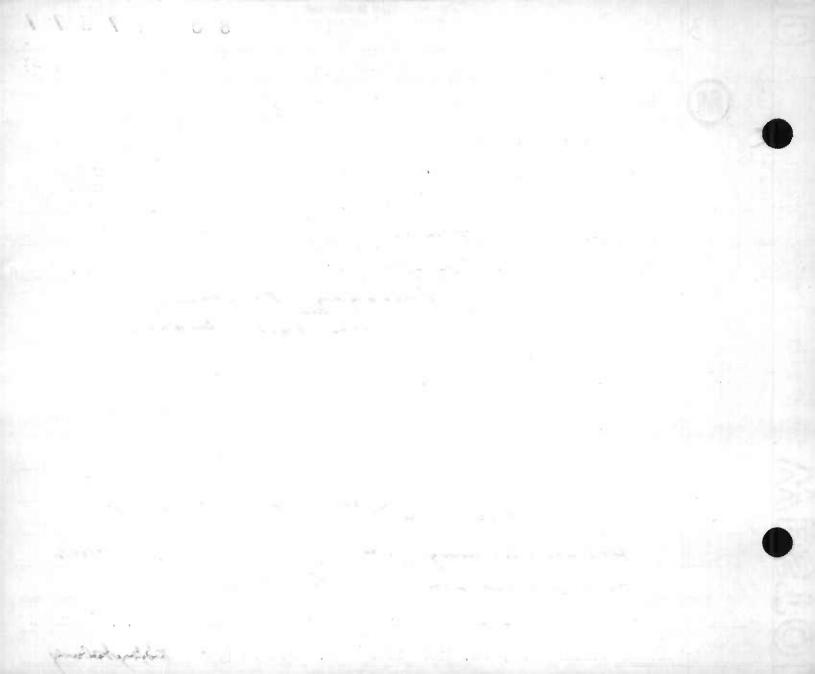
(VRA 15, 4) 1/79



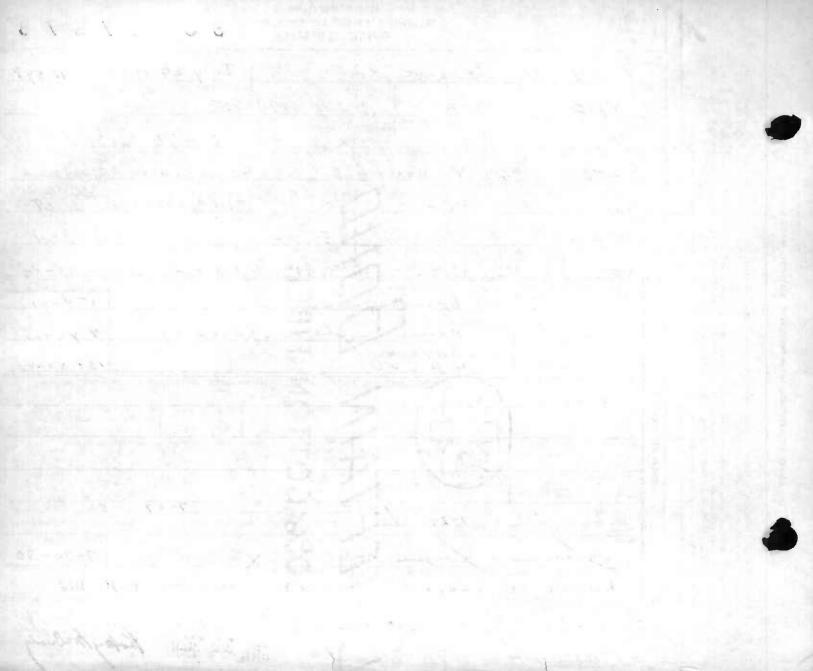
21-1-4 Control of the second

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 26. HOUR DECEASED NAME 20 DATE OF DEATH MONTH (TYPE OR PRINT) 1 SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS YEAR DAYS HOURS 5 22 16 58 To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BANTIMORE CITY OR COUNTY OF DEATH** COUNTRY) MARRIED NEVER MARRIED N.C. USA WIDOWED DIVORCED ID GITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR PROVIDENT HOSPITAL (TYPE OF WORK FOR MOST OF WORKING (IFF) INDUSTRY USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13h COUNTY 134 INSIDE CITY LIMITS? 13e STREET ADDRESS MD Baltimore 2303 Brookfield Ave. YES K NO [14 FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDEE LAST Morrison ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) IF YES GIVE WAR OR DATES! 246-44-3589 Mary J. Moye 2303 Brookfield Ave. No 18 CAUSE OF DEATH (Enter only one cause per line lar (a), (b), and (c).
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF SUBENDOCARDIAL INFARCTION Conditions, if any, which gave rise to immediate cause (a) stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT CERTIFICATION 20h, IF YES, WERE FINDINGS USED 190 DATE OF 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOL YES [NO I 210 ACCIDENT WAS UNDERLYING TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2). MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY STREET CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK 77x I certify that III (this haspital) attended the deceased from saw the deceased alive on and that in Imy) (our) opinion death occurred an he date and how and from the causes stated DIREC above, (It iwe) (did) (did not) view the body after death 77h SIGNATURE DEGREE TIL DATE SIGNED MEDICAL ATTENDING STAFF FUNERAL State I ORTANT: PHYSICIAN [M DIRECTOR] PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22R ADDRESS ld the S 17 23b. DATE 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL Baltimore I SPECIFY) Burial 7/25/80 King Memorial Pk. Co. MD 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH-16 25M** Wm. C. March F/H 1101 E. North Ave. (VRA 15, 4) 1/79

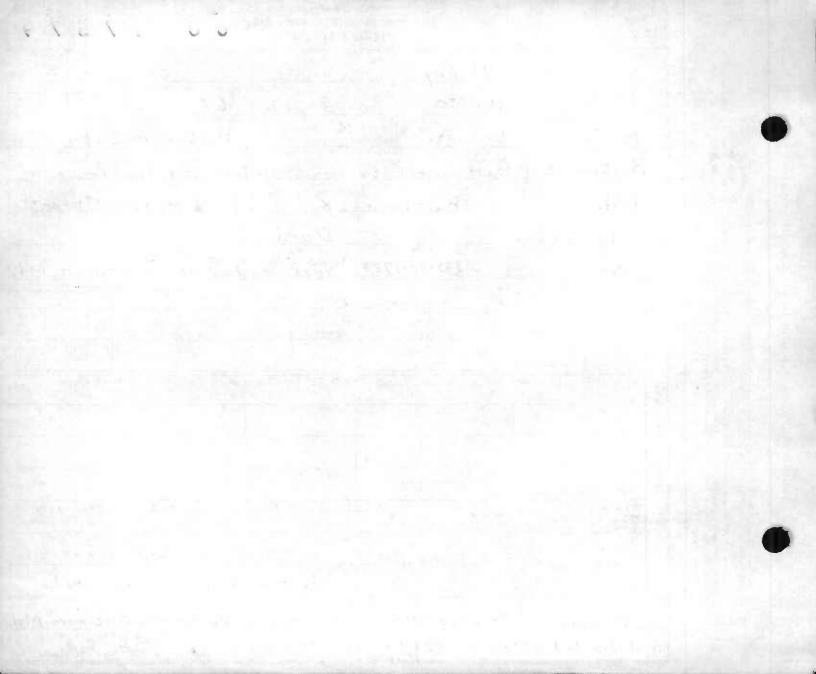




STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME MIDDLE 2a. DATE OF DEATH MONTH 2b. HOUR 29 80 1:59 1 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR HOURS 85 7a. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED X DIVORCED T ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOTIST SWAPLIER Green House BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 1136 COUNTY 113L CUTY OR TOWN 13e STREET ADDRESS 113d. INSIDE CITY LIMITS? 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) -050 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH | Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). W. PRESTON ST OR AS A CONSEQUENCE OF nruffience Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse HACVD DIVISION OF VITAL RECORDS, 301 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 prior þ In DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? be NOF YES [NO [Hygie 21a. ACCIDENT WAS UNDERLYING 216 TIME OF IN IURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental MEDICAL 0 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 0 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 7-2 19.80 22a. I certify that (1) (this haspital) attended the deceased from 7-79 19.80 sow the deceased alive on, ____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did)/did not view the body after death 22h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING 4 MEDICAL STAFF -30-80 should be deto with the Stote IMPORTANT: I DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Belto md Park Hots 4472 Lucius Leere 23a. BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATO 23b. DATE 23d LOCATION 25a. DATE REC'D BY REGISTRAR 25b. RE DHMH-16 60M 1/73 (VR A 15 (4))

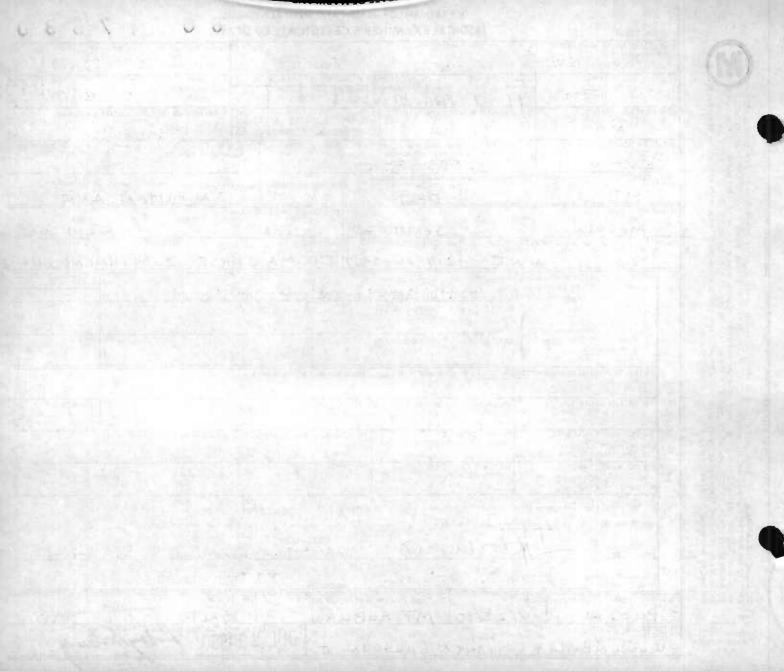


	1		STATE OF MARYLAND		
n)	1.	FOR DEPA	ARTMENT OF HEALTH AND MENTAL HYGI	ENE 8 O	17579
12		REGISTRAR	CERTIFICATE OF DEATH	REG. NO	
	1 DE	EASED NAME FIRST MIDDLE OR PRINT)	LAST	20 DATE OF DEATH A	
noy be poge 3	,	CLAY Henry	SENNINGS	0	7 09 80 945 AM
moy po	3 SE		5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	
ector ector		Male White	10 30 12	67	YRS DAYS HOURS MIN
4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	70 B	RTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED	Baitimore city of	
	10 C	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATIO	DN 126 KIND OF BUSINESS OR
5 NO 5/		Baltimore Baltimore	City Hospitals	Paint + Bod	
BALTIMORE, MARYLAND 2120) cote be executed within a little popers. Poges 1 and 2 should be vol. If, the medical examination the beautiful to the medical examination the beautiful to the medical examination to the beautiful to the medical examination to the beautiful to the medical examination to the beautiful to the medical examination to the beautiful to the medical examination to the beautiful to the medical examination to the population of the beautiful to the population of the beautiful tof	USU 130.	RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE TATE 136 COUNTY 136 CITY OR		13e STREET ADDRESS	
Z CO		Md. Balt		3028 H	udson Street
RYL with	14 FA	THER'S NAME FIRST MIDDLE LAST	15 MOTHER S MAIDEN NAM	MIDDLE MIDDLE	4 LAST
MAR ond		Unknown	Dora	* 4	•
AORE, ond co	160		SECURITY NO. 17 INFORMANT	io Jonnin	SS
IMOI n ono			3-9783 Anne Mar	dson St.	Baltimore Md.
, BALT ficote E shysicto popers novol.		(8 CAUSE OF DEATH (Enter only one cause per line for (a), (b)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
: 4 4 6 6 6		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE TO CAR	DIAL HRREST		
ON S nding corbo		4/0 - DUE TO, OR AS A CONSI	EQUENCE OF		
RESTC death		W 2	BABLE MYOCARDIA	L INFAR	CTION
the o		gave rise to immediate cause (a), stating the DUETO, OR AS A CONSI	COLIENCE OF		
w. not the by the by the corps of the corps		underlying couse lost	EGGENCE OF		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN The low requires that the death certi- ottending physicion. After this certificate has been signed by the ottending p as the buriol-transit permit. Then please remove carbon in and Mental Hygiene prior to buriol, cremation, or rem orked or frem 18 shows any injury, or other froumatic ew		RART 2) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERMI	NAL DISEASE OR COND	OFFICH GIVEN IN PART 1(a)
RDS, control of sign of the property of the pr	CERTIFICATION				
beer mit.	8	190 DATE OF OPERATION 196. CONDITION FOR WE	HICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
NL RE loon. hos hos r per ene	Ě			YES NO	YES O NO
SICIAN The gardinal from the physicio certificate in inclitronsition and Hygie entol Hygie from 18 sho	T W	210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	IN ITEM 18, PART 1 OR PART 2)
ON OF YSICIAL TYSICIAL AL.	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH	19			
ON HYS	MEDICAL	21d INJURY OCCURRED 21e PLACE OF INJURY	21f LOCATION	CITY OR TOW	N COUNTY STATE
DING PP or often After th se as the olth and	Z	WHILE NOT WHILE AT WORK AT WORK	FICE, FARM, ETC.)	CITORIOW	N COUNTY STATE
A SO E		220 certify that (1) (this hospital) attended the deceased fr	om 7/8/ 1980	_, to	19 80 , that (I) (we) last
OR ATTEN e hospitol DiRECTOR oched for ur Dept of He		saw the deceased alive on obove. (1) (we) (did) (did not) view the body after death.	Page 1	leath occurred on the do	te and hour and from the causes stated
OR ATT hospit siRECTO ched fo bept of them 21		22b) SIGNATURE	DEGREE		22c. DATE SIGNED
		total tail Stance	MD ATTENDING PHYSICIAN	MEDICAL STAF	2-9-80
PHTA by by Stol	1	22d PHYSICIAN'S NAME (TYPE OR PRINT)	22e ADDRESS	J DIRECTOR TITISIC	
TO HOSPITAL reformed by th TO FUNERAL with the Sfore		Para Pour STANDS	Mb Baltim	ore Cita	Hospitals
TO HOSPITAL retoined by th retoined by th should be deal with the Store	224	URIAL, CREMATION, REMOVAL 236, DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
DINI		PECIFY 2 1 7 11 GA	11 11 11 11 M C.	CITY OR TOWN	ore Baltimore Md.
/// BP	24 F	Burial 1-12-80	Holly Hill Mem. Gal		Sb. REASTRAR'S SIGNATURE
DHMH - 16 60M 1/75 (VR A 15 (4))		cholas T. Matthews, 302	Eastern Are. 111	11 1000	Listen Maland

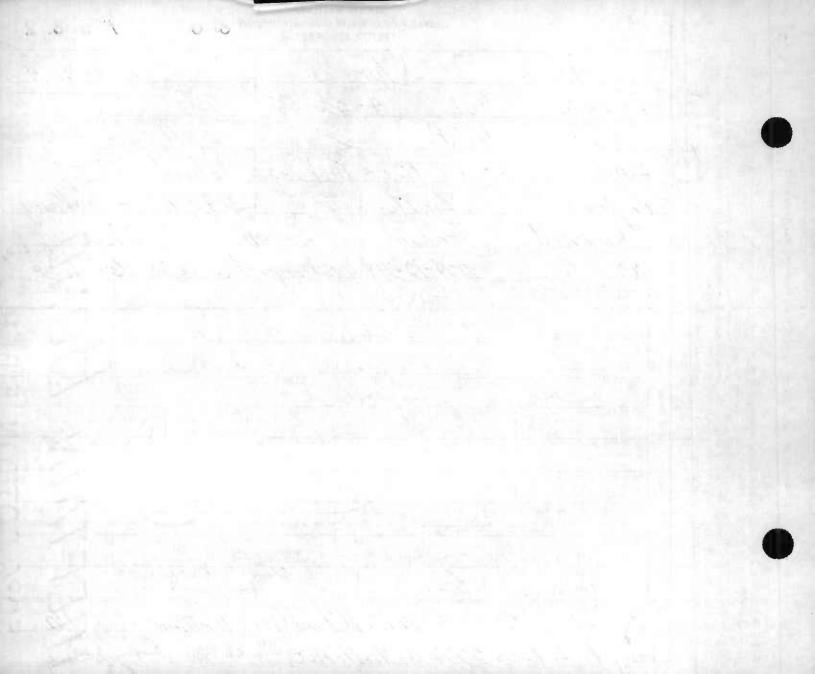


100000			STATE		D	EPARTMENT OF			See !	0	1 7	1 Q	0
4 -		I DE	REGISTRAR CEASED NAME	FIRST	WED	MIDDLE				REG. NO.		.) 0	U
(M)		E OR BRINITS	.vin		H.	J	ennings	Of			23 19 80	26 HOUR
RY, DIII	NO STR	3. SEX	ale Blac	MON	TE OF BIRTH	YEAR LAST BIRTHD	AY) MONTHS	R 1 YR. IF UNDER	MIN PRONC	ATE DUNCED AD		24 ₁₉ 80	2d. HOUR 10:35 a.M
AY IS N THE FL AGE 5	50 D	10. C	RTHPLACE (STATE OR REIGN COUNTRY) TY OR TOWN OF DEATH	11. N	NOT IN SUCH FAC	AT COUNTRY? 5. A ITAL, NURSING HOME PURITY, GIVE STREET ADDRESS)	WIDOWED , OR OTHER		ED 🗆	Baltimoz CUPATION (179E O WORKING LIFE)	re Cit		MD.
D. 21201 H. IF ANY D 2, AND 3 1, 3, RETAIN 2 SHOULD	VITAL RECORDS,	USU/ 13a. S	Baltimore IL RESIDENCE (IF IN NURSIN TATE D ITHER'S NAME FIRST	G HOME OR OTHER COUNTY	EINSTITUTION, GIVE	Fulton Str RESIDENCE BEFORE ADMISSIN 136. CITY OR TOWN BALTO	0N)	INSIDE CITY LIMITS? YES MO MOTHER'S MAIDE FIRST		DRESS V. Fulto	NA	LAST	
E, A	300		MELVIN			JENNIN		FLLEN	1		す.	OHNS	ON
	DIVISION	16a. V	VAS DECEASED EVER IN 1 15. NO, OR UNKNOWN) (IF	J.S. ARMED FO YES, GIVE WAR OR	DATES)	166 SOCIAL SECURITY		INFORMANT	CHASE	ADDRESS	1 5 4 1	ONDS	ALANCE
TON ST., BALT N 24 HOURS A TIEM 18. GIV ALONG WITH PERMIT. PAG	IENE, DIVIS		18 CAUSE OF DEATH (E	nter only one	couse per line f JSE (o) Art	or(o),(b),ond(c).) eriosclero	tic Ca					APPROXIMATE BETWEEN ONSET	
0 = 7 10 =	ND MENTAL HYGIENE, DN N. OR REMOVAL.		Conditions, if any, gove rise to improve (o) stating the lying cause lost.	nediote	(b)	is a consequence (
RECORDS, : JID BE EXEC PENDING" F MEDICAL	OF HEALTH AND AL, CREMATION.	NO	PART 2 DTHER SIGNIFICANT CO	NOITIONS CONTRIB	UTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE DR	CONDITION GIVEN IN PAR	T 1 (a).				
VITAL RECO SHOULD BE ORD "PEND CHIEF MEI	OF HEA	CERTIFICATION	190. DATE OF OPERATIO	N	19b. CONDITI	ON FOR WHICH OPER	ATION WAS	PERFORMED?	460		21	B. AUTOPSY?	NO [X]
DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD REDED TO THE CHIE EF 3 SHOULD BE USE	RIOR TO BURIAL, C	CAL CER	210 EXTERNAL CAUSE V UNDERLYING OR CONTRIBUTING CAU			NJURY MONTH DAY YEAR 19	21c. HOW	INJURY OCCURRED	(ENTER NATURE O	FINJURY IN ITEM 18 PAR	RT 3 OR PART 2)		
DIVISION HIS CERT WRITING WARDED AGE 3 SH	ZOT PRIOR	MEDICAL	21d, INJURY OCCURRED WHILE NOT WH AT WORK AT WOR	ILE 🗆		FINJURY (AT HOME, RY, FARM, ETC.)	21f. LOCAT STREE		CITY OF	TOWN	COUNTY		STATE
ME, P	, 21		220. I certify that I too death resulted from:	k charge of the	VV			Inspection Homicide , TITLE (SPECIFY)	Undetermined		in my opinio	n	
TO MEDICAL EXAMINE EXECUTE THE CERTIFICA PAGE 4 SHOULD BE F TO FUNERAL DIRECTO	TER DEATH, LTIMORE, M		EXAMINER'S NAME (TYPE OR PRINT)	Horme	ez R. G	uard, M.D.		Assistant DRESS11	MEDICALEX		DATE SIGNED_	7-24-8	0
1901BP_	AFTE BALT	(5	BURIAL	OVAL 236. DAT	128/88	23c. NAME OF CEA	METERYORC	RN	23d LOCATIO CITY OR TOWN	GT.		CI MARINE STA	ATE D
DHMH - 1 (VR A15 ME 15M 7/7	(5))		UNERAL DIRECTOR NAME LERNON R. BAI	LEY	ADDRESS	8N. CALH	oun s	250 DATE R	2 9 1980	RAR LUCEGIST	ythal	Turk	

STATE OF MAKTEAND



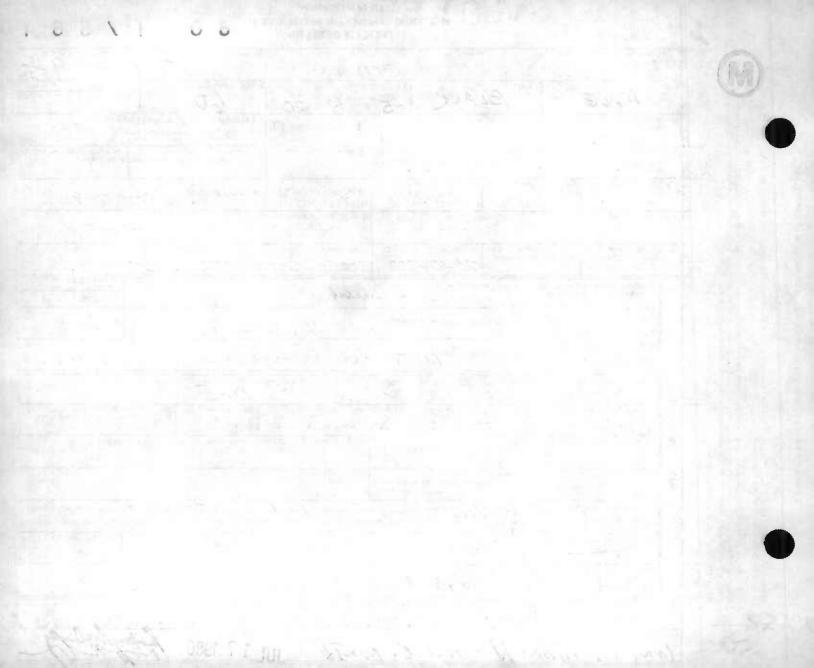
.20		/1				STATE OF MARYLAND		
10	SEP		1 -	FOR STATE	DEP	ARTMENT OF HEALTH AND MENTAL	HYGIENE 8 0	17581
	6			REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	(BAI)			CEASED NAME FIRST OR PRINT)	MIDDLE	LAST CONTRACTOR	20 DATE OF DEATH MONTH	H DAY YEAR 26. HOUR
	1 Can			PAUL	H	JEGERETT	1/5/1980	2 AM
	8 /32		3. SEX		RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
	9 /8 5			MALE	White	MONTH DAY YEAR	8/	YRS
4	2 62	0.0		RTHPLACE ISTATE OR FOREIGN 76	CITIZEN OF WHAT COUN	TRY? 8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR CO	UNTY OF DEATH
	in 7	11			/	MIDOWED DIVORCED	1 Believo	el aly MD
	1 23	10	10 CF	Y OR TOWN OF DEATH	NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
5	by the	1	S	feltimore		mes Aspital V	FARMER	Agri
212	hou hou		USUA 13a S	L RESIDENCE (IF NURSING HOME OR OTH	HER INSTITUTION GIVE RESIDENCE	TOWN 13d INSIDE CITY LIMITS	? 13e STREET ADDRESS	0
N O		BE		Md. Howa	Rd Lish		15927	Frederick Rd.
34.5	rtely 2 sh		I4 FA	THER'S NAME	NE LAST	15. MOTHER'S MAIDEN	NAME	A LAST
MAR	uted will	30		Christof	Joge	Reit CAROL	ine.	Becker
a a	xecuted nd comp ges 1 or	7		AS DECEASED EVER IN U.S. ARMET		SECURITY NO. 17. INFORMANT	ADDRESS	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	9 00	04	. (1	No -	219 3	30 5087 Mildre	d Jogereit	Lisken Md.
ALT	ficate b hysicial papers.			18 CAUSE OF DEATH (Enter only o	ine couse per line far (a), ib	ond (c)	3	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
T.				PART 1. DEATH WAS CAUSED BY		estive heart &	arline	
N S				1541	DUE TO, OR AS A CONS	FOUENCE OF		0
STC	deoth offend ove co			Conditions, if ony, which	, ierm	mal Ca of Rec	churn - lymps	ioma
2	the deot the otter remove emotion,			gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	FOURNCE OF	0 1	
<u>></u>	thot d by leose iol, cr			underlying cause last	(e) .	001/102 01		
. 20	Si e e e	2		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITIO	N GIVEN IN PART 1(a)
RDS	requires en signe or to buri		CERTIFICATION	anemia				
8	beer prior		CAT	190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
A R	hos ne	di	E				YES NO	YES NO
VIT	ding physicia ding physicia is certificate I burial-transit Mental Hygie	a	Ü	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21c HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN IT	EM 18, PART 1 OR PART 2)
9	PHYSICIAN: ending physic this certifico te burial-tror ad Mentol Hy	. //	ĕ	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
NO NO	4 6 6 -	5	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	211. LOCATION	CITY OR TOWN	COUNTY STATE
MS	OING Phor offen of After this east the oith and		\$	AT WORK AT WORK	(AT HOME, STREET, FACTORY, OF	PRE, PARM, ETC.)		JIMIC
۵	el or o or o or o or or or or or or or or	2000		228.1 certify that (1) (this hospital)		om The 10 , 19 3	6 , to July 5,	, 19_ <u>FC</u> , that (I) (we) lost
100				sow the deceased alive on above, (1) (we) (did) (did not) vi	iew the body after death	19 80 and that in (my) (aur) opin	nion death occurred on the date as	nd hour and from the couses stated
100	OR A e hos DIREC	E		226 SIGNATURE	0 0 61	DEGREE		221. DATE SIGNED
	TAL OR A y the hos RAL DIREC detoched detoched cote Dept.	-		1844 Y De	why, ma	ATTENDIN PHYSICIAL	G MEDICAL STAFF N DIRECTOR PHYSICIAN	7/5/80
	HOSPITAL ined by th FUNERAL wild be detail th the Stote	4		22d. PHYSICIAN'S NAME (TYPE OF PRI	NT)	22e ADDRESS		1
	TO HOSPITAL of the standard by the should be deto with the Store E	WORLAND I BEEN		BICH T DU	240	St. Agnes	Hospital Ku	He. Md
	or of ships	<u> </u>	23s. B	URIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF CEMETERY OF CREMATO	RY 23d LOCATION	In county STATE)
1	BP	1	13	JUNIO D	7-8-80	Crestlawn Cometo	Thomas they	the Houserd Md.
1	DHMH - 16 50M 1/76		24. FL	NERAL DIRECTOR	A	1919	OATE RECID BY REGISTRAR ZSA.	ECISTRAR'S SIGNATURE
	(VR A 15 (4))		740	my W. Haight	Lykewille	That.	7 0 1000	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME KNOWN DO (TYPE OR PRINT) OF ESTI-19 80 ELLWOOD 18 JOHNSON DEATH MATED 3. SEX 4. RACE S. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 20. DATE MONTH LAST BIRTHDAY) PRONOUNCED 1,80 21 60 male 9 19 negro DEAD PRESTON TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOR FOREIGN COUNTRY) MARRIED NEVER MARRIED Baltimore City USA MD WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 1635 E. 25th St. FOR MOST OF WORKING LIFE! Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE Baltimore 13d. INSIDE CITY LIMITS? 13. 1635 E.S 13b. COUNTY 25th St. YES 24 OF VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Lillian MIDDLE Galloway Johnson George 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS DIVISION LYES. NO. OR UNKNOWN (IF YES, GIVE WAR OR DATES) 212-12-2956 Cleo Johnson 1635 E. 25th St. No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Hypertensive arteriosclerotic cardiovascular disease IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL YES [NO KK BE 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. PRIOR 21e PLACE OF INJURY (AT HOME. 21E LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC. 1 STREET COUNTY STATE CITY OR TOWN WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autapsy Undetermined manner TITLE (SPECIFY) ACTUAL PAGE 4 SHOU TO FUNERAL D AFTER DEATH, 7-19-80 Assistant SIGNATURE MEDICAL EXAMINER 111 Penn St. Ann M. Dixon, M.D. EXAMINER'S MAME TYPE OR PRINT **ADDRESS** 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Burial 7/24/80 Baltimore Cem, Baltimore MD 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR **DHMH-17** ADDRESS VR A15 ME (5) 1980 C. March F/H 1101 E. North Ave 15M 7/77

0 0 Committee the state of the stat To produce the second s Me. C. Signedictors interneticular and the St. Spin Association and the St.

	1.	FOR	DEPART	STATE OF MARYLAN MENT OF HEALTH AND ME		
L	1,	- STATE REGISTRAR		CERTIFICATE OF DE	6 11	1/50
2		CEASED NAME FIRST	WIDDLE	LAST	28. DATE OF DEATH MO	- /m
1)		FLOY		JOHNSON		1600
nce.	3 SE	MALE	BLACK	5 DATE OF BIRTH	YEAR OF IN YEARS LAST BIRTHDA	WONTHS DAYS HOURS
e notified at 0	7a. 8	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED W NEVER MA	RALTIMORE CITY OR C	
of the not		Balto.	11. NAME OF HOSPITAL, NURSIN LIF NOT IN SUCH FACILITY, GIVE STREET LUCHORAN HOSE	IG HOME OR OTHER INSTITU	UTION 124 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WI	
Siner mu	USU 130	AL RESIDENCE (IF HURSING HOME OF STATE 136 COUL	NOTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c CITY OR TOW Balto.	I 134 INSIDE CITY	LIMITS? 130. STREET ADDRESS DU	ikeland Street
Cal exa	14. E.	ATHER'S NAME FIRST	Johnson Johnson	is mother's m	sbell MIDDLE	Tucker LAST
a med	16a.	WAS DECEASED EVER IN U.S. AR	E WAR OR DATES)			
event, the		No	218-07-4	529 Bessie	Johnson 1202 N.	Dukeland St. APPROXIMATE INTERV. BETWEEN CHISET AND D
burial, cremation, or rem ijury, or other traumatic		Conditions, if any, which gave rise to immediate couse 101, storing the underlying couse last.	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c)	cholytic &	huisolonice Forture	horing
prior to bu	NO.	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	Discose	THE TERMINAL DISEASE OF CONDIT	ION GIVEN IN PART Tra
18 shows	CERTIFICATION	7/14/80	196 CONDITION FOR WHICH	111. 10		D). IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH YES \(\text{ NO } \)
Mental Hygiene d or Item 18 sho		21d. ACCIDENT WAS UNDERLYING CORCONTRIBUTING CAUSE OF DE.	ATH HOUR A.M. MONTH D	AY YEAR	RY OCCURRED (ENTER NATURE OF INJURY IN	ITEM 18, PART I OR PART 2)
arke	MEDICAL	ZIE INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC 211 LOCATION	CITY OR TOWN	COUNTY STA
Dept. of Health			ital attended the deceased from	DEGREE	19, to	and hour and from the couses stol
should be detact with the State CIMPORTANT:		224 PHYSICIAN'S NAME ITYPE O		22R ADDRESS	ENDING MEDICAL STAFF YSICIAN DIRECTOR PHYSICIAN HERAN HOSPIP	
w w		BURIAL, CREMATION, REMOVAL SPECIFY) Burial		Name of CEMETERY OR CRE	EMATORY 234 LOCATION	COUNTY STAT
		UNERAL DIRECTOR	11.20		250. DATE REC'D. BY REGISTRAR 250	RESTRON'S SHOWNING . A.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 24 DATE OF DEATH MONTH TYPE OR PRINT! IF UNDER I YEAR 3 SEX & AGE IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH HINOM 16 82 HOURS B **BALTIMORE CITY OR COUNTY OF DEATH** TO BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED USA Md. Baltimore City WIDOWED DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR Church Home & Hospital I TYPE OF WORK FOR MOST OF WORKING LIFE) Balto. USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STATE 136 COUNTY Balto. 134 INSIDE CITY LIMITS? 1028 N. Durham St. Md. YES 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Mary Holland Wilson Henry ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 1028 N. Durham Stree Annie Johnson No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (O) CONGESTIVE HEART FATLLIRE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which ISCHEMIC HEART DISEASE gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF ARTERIOSCLEROTIC underlying cause CARDIOVASCULAR DISEASE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION TRACT INFECTION URINARY 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO I NO YES [21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL I IF EITHER, NOTIFY MEDICAL EXAMINER! P.M 211 LOCATION 214 INJURY OCCURRED 21a. PLACE OF INJURY ked CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK 220 | certify that (1) this haspital attended the deceased from four opinion death occurred an the date and hour and from the couses stoted saw the deceased plive on above (1) of the did rate view to the death 276 SIGNATUR DEGREE 22c. DATE SIGNED MEDICAL DIRECTOR PHYSICIAN PHYSICIAN TO FUNERA should be det with the Stat CHURCH HOSPITAL CORPORATION 274 PHYSICIAN'S MAME ITHE OF PRINT BROADWAY BALTIMORE MARYLAND3: DR. A. F. NOUR 23e BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Baltimore Co. Burial /80 King Memorial pk 24 FUNERAL DIRECTOR DHMH-16 25M Wm C March F/H (VRA 15, 4) 1/79 1101 E. North Aye.

HARRIETTE TOHNSON

H XION

. This work this er alle additional and a LL Cobe and Alle and Annual Angel najeteko ago - entin 19 militari, dili 8500 ili - a dekari And the second s

M		OR STATE					MENT OF	HEALTH		NTAL H		0 0					lina
		REGISTRAR	Eiget		MEI	MIDDLE	EXAMIN	NER'S C		CATEO		PH U	REG. N		1	3 B	11
		CEASED NAME OR PRINT)	J	AMES		WIDDLE	D.		JOH	INSON	JR	OF	ESTI- MATED		7-21	19 80	26. HOUF
3	n SEX		black	5. DATE	OF BIRTH	YEAR 22	6. AGE (IN YELL LAST BIRTHE			HOURS		RONOUN DEAD	CED	MONT	7-21	YEAR 19 80	2d H 🕫 🕃
5	₹a. BII	RTHPLACE (STA	TE OR MD	7b. CIT	ZEN OF WH		ITRY?	8. MARRI WIDOW	ED NEV	ER MARRIE	D		imor e		INTY OF D	EATH	MD
2	В	altimor	е	11 2	104 Go	Id St	RSING HOM TREET ADDRESS)		ER INSTITUT	ION		AL OCCUP OST OF WORK	ATION (TY	PE OF WOR	RK 12b. KIN	ND OF BUS R INDUSTR	Y
3	USUA 130. S1	ATE MD	13b. CO		ISTITUTION, GIV		OR TOWN		13d. INSIDE CIT	NO 🗆	13e STRE	4 GO	id s	t.			
7		James		D.		nson			A ^f	R'S MAIDEI RST. Lice	NAME	MI	DDIE		Law	son	9/FID
ľ	60. W {YE	AS DECEASED S. NO, OR UNKNOW Yes	EVER IN U.S.	ARMED FOR			-14-6		Alic	ce L.	Ty	ler d	ADDRES		d St	•	
	Z	PARTIDEA 439 Conditions gave rise	if any, wh to immeditating the <u>und</u> tost.	DIATE CAUS	(b) OUE TO, OR	ther c as a con as a con	SEQUENCE	OF OF				disea	se	~	BETW	VEEN ONSET	AND DEATH
7	CERTIFICATION	19a. DATE OF C	PERATION		9b. CONDIT	ION FOR	WHICH OPE	RATION W	AS PERFORA	MED?					360	NUTOPSY?	NSX-1
3		210 EXTERNAL UNDERLYING CONTRIBUTING	OR		Ib. TIME OF HOUR A.M. P.M.		DAY YEA		W INJURY	OCCURRED	ENTER NA	ATURE OF INJU	JRY IN ITEM 18	B PART 1 OR			
1	MEDICAL	21d. INJURY OF WHILE AT WORK	CURRED NOT WHILE AT WORK		STREET, FACTO				CATION		Z	CITY OR TOW	/N		COUNTY		STATE
2		220. I certify deoth resulted ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRIN	May	oturol couse	Re	Accident		Autope	Hamici	de	MEDIC	Inquiry	nner XX ,	nd in my , DAT SIG		-23-8	0
BALTIMORE, MAR	23a. Bl.	RIAL CREMATI	ON REMOVA	L 23b. DATE		23€. №	NAME OF CE	METERY O	RCREMATO	RY	23d. LOC	ATION			OUNTY	STA	TE.
		Buria		7/28		A	rbutu	ıs Me		al Pk		altin REGISTRAF			CO.	MD	
1	wm.	NAME C. M	arch	F/H	ADDRESS	E	North	AVE		JU	LZ	1 198	0	De sylle	7/10	Kreed	7

108 1114V			
In I Sur			
		es	
	normal attended 21.00:	iden of a commod	

CHARLES A. RICE P.A. 1300

FOR

- STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Eutaw Pl.

REG. NO

YEAR

80

IF UNDER TYEAR

INDUSTRY

Cornish

YES |

COUNTY

COUNTY

DIN The Mountain of the Miles

22c. DATE SIGNED

2h HOUR

HOURS

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

STATE

STATE

IF UNDER 24 HRS

115 8 0 8 E / E	2011 S 1714		
	0EB	donie	- oles
. pd. to exception		A.E.V.	- Chnadyzan
Sun tons	elseinhal	ve Ki san midina	acception.
switch wittendow . A 20		PRINTER STATE	Peter Persel
dalmo	YYAY	nonmint	= ÎTO
Als Desiriou	unity (1500 Tel	7-70-613	
The second of th			
OF THE ALL THE	oz iyb	Committee of the Section 1	
		1011 70	
		99 46 5	JAP.
.00	4 mindla	# 1 08-98-7	allo inte
1 2 1980 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	tew EL.	100 F. A. 1300 Per	E Ju Element

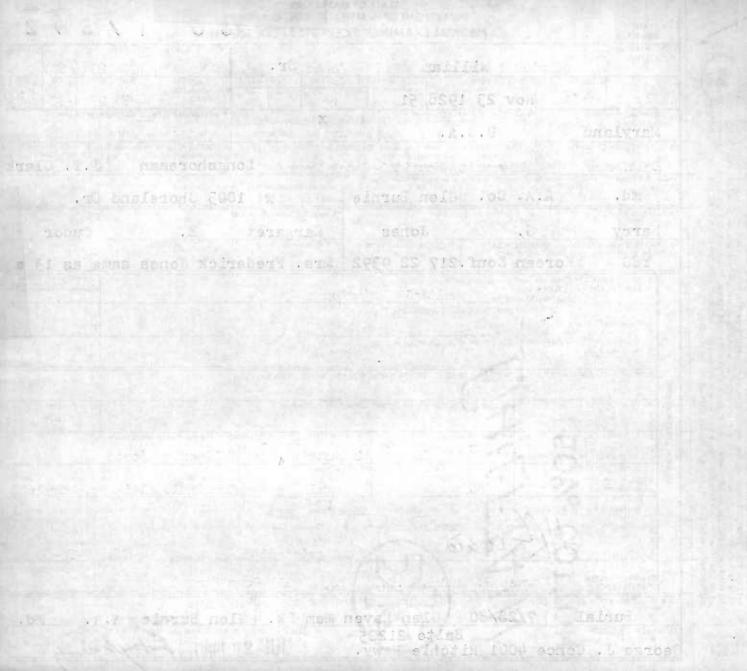
Carlot And Deep De III

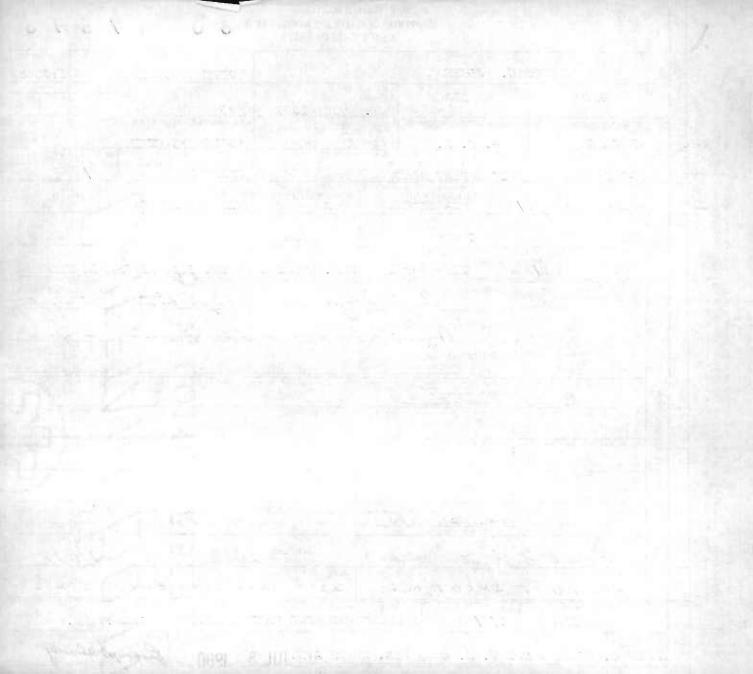
DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME O DATE KNOWN (TYPE OR PRINT) ESTI-Tywrine Johnson DEATH MATED Leonand 1980 4. RACE AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2d. HOUR DATE LAST BIRTHDAY PRONOUNCED , 80 5:15A male black Manch 12-48 DEAD M BIRTHPLACE ISTATE OR 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED IN NEVER MARRIED FOREIGN COUNTRY! DIVORCED WIDOWED Baltimore City 112b. KIND OF BUSINESS II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Baltimore Provident Hospital 114401142 2NSIt 1 SUAL RESIDENCE LIE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE REFORE ADMISSIONAL 13a STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS altimore 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE AND OF VIT DIVISION Mrs. JOANN JOHNSON 1825 E.32 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Gun shot wound of chest Gun: unspecified DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES XX NO T 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH LINDERLYING subject shot 4:00AM 7/ CONTRIBUTING CAUSE OF DEATH PRIOR 21e PLACE OF INJURY (AT HOME, 211. LOCATION STREET, FACTORY, FARM, ETC. 2510 Queen AnnesRd, BaltimoreCity, WHILE AT WORK THE house MD 22a. I certify that I taak charge of the remains described above, held an Inspection L Inquiry and in my opinian death resulted from: Hamicide XX Undetermined manner Assistant EXECUTE PAGE 4 SHUT TO FUNERAL DIR AFTER DEATH, WATER MAY 7/4/80 ACTUAL DATE SIGNATURE. MEDICAL EXAMINER SIGNED ADDRESS 111 Penn Street, Baltimore, MD 21201 EXAMINER'S NAME Hormez R. Guard, M.D. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23d LOCATION 23b. DATE Duria 24. FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) 15M 7/77

(*)	n all to	T. Fred J	
7 % 8	The second of the second		
ng/tirecolds/ 8	The second secon		7.7
September 1	ns la state de la company		
	19210-1916		1-202
	Horsey Shill Grander	Superior Superior	AND ST
Charles Street Street	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11 11 - 11	S ESY
	Complete School Stands.		
	Terin (a) Val	dan in the	
, a Hemonia e,		ural Gast	
Aure .	$\mathbb{E}[\Gamma(\mathcal{I})] = 0$		
		. C. proessor	

os or the order of the contract of the order

	1000					STATE OF								
AB X	FOR STATE				DEPARTMEN'				(3)	0	1 1	1 1	0	9
(Au)	REGIST	RAR		ME	DICAL EXA	MINER'S	CERTIFIC	CATEO	F DEATH	REG.	NO.	2	7	4
100	1. DECEASE		FIRST		WIDDLE		LAST	MILEN	20. DA	TE KNOWN	XX MONTH	DAY	YEAR	26. HOUR
1 78 WE		Ŧ	rederi		lliam		Jones	Sr.	DE	ATH MATED	0 7		80	М
The market	3. SEX	4. RAC		DATE OF BIRTH	YEAR LAST	E (IN YEARS IF UN		IF UNDER		OUNCED	MONTH	DAY	YEAR	2d. HOUR 5:05
84554	Male				1928 51	YRS.			D	EAD	7		80	D.M
SEE SEE	70 BIRTHPLA	CE (STATE OR	1	b. CITIZEN OF WI		8. MARR	IED X NE	VER MARRIE	ED 7. BA	TIMORE CIT	Y OR COUN	NTY OF DEA	TH	
A PORTOR OF THE SECOND OF THE	Mar	yland		U.S		WIDOV	VED 🗆	DIVORCE	D D I	Baltimo				MD.
	10. CITY OR	TOWN OF DEA	ATH	1). NAME OF HOS	PITAL, NURSING		IER INSTITU	TION	12a. USUAL OC	WORKING HEET		ORIN	DUSTRY	INESS
田 0 年 4 2 2		timore		Universi	ty Hospi	tal-Sho	ck Tra	auma	Longs	horem	an	J.T	. C	lark
- 25 A B B B B B B B B B B B B B B B B B B	USUAL RESI	DENCE (IF IN NU	IS COUNTY	OTHER INSTITUTION GI	VE RESIDENCE BEFORE	ADMISSIONI	13d. INSIDE C		T3e. STREET AL	DRESS				W In
21201 21201 2 AND 3 SHOULD SECON	130. STATE	ld.	A.	A. Co.	Glen I	Burnie	YES 🗌	NO 🔀	1003	Shor	eland	Dr.		
	14. FATHER'S	NAME		MIDDLE	Lacy		15. MOTHE	ER'S MAIDE	NAME	MIDDLE		LAST		
DEATH AND A FM	Har			5.	Joi	nes	Ma	rgare	et.	E.			dor	
# L 4 2 U	16a. WAS DE	CEASED EVER	IN U.S. ARME	D FORCES?	16b. SOCIAL SE		17. INFORA	MANT		ADDR	ESS		402	-
BALTIMORE UNS AFTER DE 8. GIVE PAGE WITH FORM PAGES I AN DIVISION OF	YE	S (NEW NOWN)	Kore:	an Conf	217 22	2 9392	Mrs	. Fre	ederic	k Jon	PS 52	me a	g 1	3 0
	18 C	AUSE OF DEAT		one cause per line			1				00 00	APPRO	XIMATE I	NTERVAL
		ART I DEATH W	AS CAUSED	BY:	Multipl	, ,	ies					BETWEEN	ONSET	AND DEATH
SECTION ON	19	190	IMMEDIATE		AS A CONSEQU		100							
VITHIN 24 HC Cit, IN ITEM 1 NEE AUST PREAD AUST PREAD AL HYGENE ACVAL.	2/0	anditions, if a	ony, which											
W. PR. D. WITH AMPHER TRANS ENTAL REMO		ave rise to ouse (o) stating		(b)	AS A CONSEQUI	ENCEOF							_	
		ing couse lost.		DOL TO, OK	AS A CONSEQUI	INCE OF								
S, 301 W. RECUTED W. S. IN PERMIT PERMIT PRINCIPLE MAIN TRANSPORT ON OF REA	DADT 2	OTHER SIGNIFICAN	T CONDITIONS CO	NTRIBUTING TO OEATH	BUT NOT BELLIEFO TO	THE TERMS AND A COLUMN	7.00.0000000							
Z A S S A T S		OTHER SIGNIFICAN	I CONDITIONS CO	MIRIBUTING TO CEATH	BUT MUT KELATEUTU T	HE TERMINAL UISEAS	E OR CONDITIO	N GIVEN IN PAR	(i i (e).					
ECO D BE MED MED A S EALTH EMA	MEDICAL CERTIFICATION THOM T	ATE OF OPERA	TION	Tinh CONIDII	ION FOR WHICH	ODEDATIONIN	/AS DEDECOR	MAED?	1			20. AUT	ODEVA	
HALRE SHOULD SHOULD STORE OF HEA	5	AIL OF OTER	111011	176. CONDI	TOTATOR WITHEI	TOTERATION V	ASTERIOR	WILD:				5		
N SH SH	210 5	KTERNAL CAU	SEWAS	216 TIME OF	INTERP	121. 11	OW INTERIOR	OCCUPPE) (ENTER NATURE	A			XX	NO 🗆
A PER THE VALUE OF	UNDE	RLYING XX		HOUR A	MONTH DAY	YEAR		crane				ARE 2)		
SHOOT STAND	S CONT	RIBUTING			7 23 DEINJURY (ATH		dustri	LalaBo	om fell	on su	bject			
PRICER OFF	WHILL	IJURY OCCURI	WHILE	STREET, FACT	ORY, FARM, ETC.)		STREET			OR TOWN		OUNTY		STATE
EXAMINER: THIS CERTIFICATE SHOUL CERTIFICATE, WRITING THE WORD "P DUID BE FORWARDED TO THE CHIEF SHOULD BE FORWARDED TO THE CHIEF WITH THE STATE DEPARTMENT OF H WARYLAND, 21201 PRIOR TO BURIAL, CR	AT W	ORK DOT	ORK	Sh	ip	D	undalk	k Mari	ne Term	inal,E	altim	ore, A	lary	land
NTE, NTE, 121, 21, 21, 21, 21, 31, 31, 31, 31, 31, 31, 31, 31, 31, 3	22	a. I certify that	took charge	of the remains des	cribed abave, hel	dan Autop	sy XX	Inspection	Inq	uiry ,	and in my a	pinion		
EXAMINE EXAMINE EXAMINE EXAMINE EXAMINE EXAMINE EXAMINE EXAMINE THE CONTRACTOR CONTRACTO	deot	h resulted from	Hofugh	Juses .	Accident XX	Suicide	, Hamic	cide .	Undetermine	d monner],			
KAAA LID E HRE WITH			110	511	2		TITLE (S	SPECIFY)						
MAN WAY	SIGN	AL ATURE	VID	Juli	NO .		Assi	stant	MEDICAL E	XAMINER	DATE		24-8	0
DIC.			5.0	-		CONTRACTOR OF THE PERSON OF TH	ALLE:						1 - 0	N-1779
COUT OF TIME		OR PRINT)	Но	rmez R.	Guard, M	I.D.	ADDRESS_	111	Penn St	reet				
TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDER TO FUNERAL DIRECTOR, PAGE 3 AFTER DEATH, WITH THE STATE OF BALTIMORE, MARYLAND, 21201 PRI	23a.BURIAL	CREMATION,R	EMOVAL 23b	DATE	73c. NAME	OF CEMETERY C	R CREMATO	YSC	23d. LOCATIO	DN .		UNTY	STA	7.5
BP	(SPECIFY)	Buria	1 '	7/28/80	Gler	Haver	1 Mem	Pk.		Burre				
DHMH - 17	24. FUNERA				Balto				EC'D. BY REGI		F SISTRAR'S			
(VR A15 ME (5))	GEORE	e J.	Tonce	4001 R	itchie	Hown	N.E.	3111	29 198	n Z	itay)	Brall.	1	
15M 7/77		0 0 0		1007 11		AAP TT J		-	PH 9/ 1.11	10				





Lawrence Jones Sr. Death Marted 7 9 9 80	11.		EASED NAME FIRST	MEDI	ICAL EXAMIN	IEK.2 CI	ERTIFICATE		REG. NO	MONTH	DAY YEAR	2b.
SEX SACE S		TYPE O	Lawren	nce			Jones	Cr.	OF ESTI-	7		4.0.
The Black 1 31 20 60 VRS AMARRIED NEVER MARRIED 1 SEATT OF COUNTY OF DEATH DEAD TO 19 10 80 PEAD TO 19 10	3.	EX	4. RACE	5 DATE OF BIRTH						MONTH.		2 d
MARKED MODE MARKED Baltimore City	_			1 31	20 60 Y		DAYS HOURS		DEAD	7 9	17) [
Baltimore In Name of Hospital, Nursing Home, Or Other Institution Italian County Italian Continuor Italian County Italian Italian County Italian County Italian Italian Italian County Italian Italia	76	FORE	IGN COUNTRY)		T COUNTRY?			IED 🔲	_	_		
USUAL RESIDENCE (# IN NUISNING HOME ON OTHER WISTITUTION, GIVE RESIDENCE BIFORE ADMISSION) 136 STATE MD 137 STATE MD 138 COUNTY MD 139 STATE MD 130 COUNTY MD 130 LIST Baltimore 155 MOTHER'S MAIDEN NAME FREST FREST MD 156 WAS DECEASED EVER IN U.S. ARMED FORCES? (19 VES, GIVE WAS OR DATES) 156 WAS DECEASED EVER IN U.S. ARMED FORCES? (19 VES, GIVE WAS OR DATES) 158 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I DEATH WAS CAUSED BY. MMEDIATE CAUSE (o) Arteriosclerotic cardiovascular Disease 160 DUE TO, OR AS A CONSEQUENCE OF Jying couse lost. MO 179 CONDITION FOR WHICH OPERATION WAS PERFORMED? 170 AUTOPSY? YES XX 170 LIMITS? 170 MORELY IN MICH OPERATION 170 LORD IN MICH OPERATION WAS PERFORMED? 171 INFORMANT ADDRESS Mary Spencer 1918 Division St. APPROXIMATE METINE MICH OPERATION APPROXIMATE METINE MICH OPERATION 170 LORD IN MICH OPERATION WAS PERFORMED? 170 LORD IN MICH OPERATION WAS PERFORMED? 170 AUTOPSY? YES XX 171 LOCATION STREET CITYOR TOWN COUNTY CULTYOR TOWN COUNTY			OR TOWN OF DEATH	11. NAME OF HOSPIT		E, OR OTHE	RINSTITUTION	120 USUAL	OCCUPATION (TYPE		Zb. KIND OF BU	JSIN RY
14. FATHER'S NAME LAST L	US	UALI	RESIDENCE (IF IN NURSING HOME O	OR OTHER INSTITUTION, GIVE I	RESIDENCE BEFORE ADMISS	ION)						
LAST Emma Whitaker 166 WAS DECEASED EVER IN U.S. ARMED FORCES? (166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS NO 215-12-1619 Mary Spencer 1918 Division St. 186 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART 1 DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular Disease Conditions, if ony, which gove rise to immediate couse (o) to timing the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o) 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES XX UNDERLYING OR CONTRIBUTING OR CONTRIBUTING TO PART 1 (o) 197. CONTRIBUTING CAUSE OF DEATH P.M. 19 216. INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART 1 OR PART 2) WHILE ONT WHILE STREET CITY OR TOWN COUNTY	130	. STA						13e. STREET	ADDRESS B Divisi	on S	t.	
166 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	14		FIRST				FIRST	EN NAME	MIDDLE	7.77. /		
The continuence of the properties of the properties of the terminal disease of conditions, if ony, which gove rise to immediate couse lost. Conditions, if ony, which gove rise to immediate couse lost. Conditions of the terminal disease of conditions of the terminal disease of conditions of the terminal disease of conditions diven in part 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)	16					YNO		100	ADDRESS	wni	taker	
PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular Disease Arteriosclerotic cardiovascular Disease		(YES	NO. OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)				encer		visi	on St.	,
IMMEDIATE CAUSE (a) AFTEF1OSCIEFOTIC CAPGIOVASCULAR DISEASE Conditions, if ony, which gove rise to immediate couse (o) storing the under-lying couse lost. DUE TO, OR AS A CONSEQUENCE OF	F	1	8 CAUSE OF DEATH (Enter of	D DV				86.03		RALES	APPROXIMATE BETWEEN ONSE	E INT
Conditions, if ony, which gove rise to immediate cause (a) stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF Jying cause lost. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES XX 216. EXTERNAL CAUSE WAS UNDERLYING OR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) WHILE NOT WHILE 218. PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY	-			TE CAUSE (a)AT			cardiovas	cular	Disease			
GOVER 10 immediate couse (a) stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a. DATE OF OPERATION	Г		Conditions, if ony, which	DUE TO, OR AS	A CONSEQUENCE	Of						
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) 196. Date of operation 19b. Condition for which operation was performed? 20. Autopsy?			gove rise to immediate		A CONSTOLIENCE	05						-
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES XX 216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 1711. INJURY OCCURRED 216. PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY					A CONSEQUENCE	Or					1325	
			ART 2 OTHER SIGNIFICANT CONDITIONS		NOT RELATED TO THE TERM	AINAL DISEASE (OR CONDITION GIVEN IN PA	ART 1 (a)				_
			A DAYE OF ODED AND A									
	1 5		96. DATE OF OPERATION	196. CONDITIC	ON FOR WHICH OPER	RATION WA	5 PERFORMED?					
		2	1a. EXTERNAL CAUSE WAS	21b. TIME OF IN	JURY	21c HO	W INJURY OCCURRI	FD (ENTER NATU	RE OF INJURY IN ITEM 18 F	PART I OR PART		- 1
	1	UC	INDERLYING OR	HOUR A.M. A	MONTH DAY YEAR							
	1	2	14 INJURY OCCURRED	21e. PLACE OF	INJURY (AT HOME,				3424			_
	1		WHILE NOT WHILE DAT WORK	STREET, FACTOR	Y, PARM, ETC.)	STR	EEE T	Ct	TY OR TOWN	COUN	4TY	
228. I certify that I took sharpe at the remains described above, held on Autopsy XX Inspection . Inquiry . and in my opinion				1773		-	Homicide .			, -,-		
			1/+	LITIA.			TITLE (SPECIFY)	nt			7/10/80	0
death resulted from: Accident Accident Suicide Homicide Undetermined monner 7/10/80		A	GNATURE	Color	V	M.D			LEXAMINER			_
		1		rmez R. Gua	ard,M.D.	A		enn St	ceet,Balto	0.,MD	21201	
death resulted from: Accident , Suicide , Homicide , Undetermined monner , ACTUAL SIGNATURE			XAMINER'S NAME HO				DDKE33					
death resulted from: Accident 23	E) (T	TYPE OR PRINT)		23c. NAME OF CE		CREMATORY	23d. LOCA	TION	COUNT	ν	LATE	
deoth resulted from: ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) ACGIDENT ACCIDENT ACCIDENT MEDICAL EXAMINER ACCIDENT ACC	23	E) (T	TYPE OR PRINT) RIAL, CREMATION, REMOVAL CIFY)	Z3b. DATE		METERY OR	Cem.	Bal	timore		MI	5"
deoth resulted from:	i	E) (T). BUR (SPEC	RIAL, CREMATION, REMOVAL CONTROL OF THE PROPERTY OF THE PROPER	7/14/80	Mt. Au	METERY OR Iburn	Cem.	Bal REC'D. BY RE	timore GISTRAR 256		MI	5"

\	i ,		the second
7			
gh manne			
		of the contract of the contrac	ambit. f
. Ta desimilar a 1771		es a Lead will be	
edep in			
. S. Botatoki (1917) yez			
7 107.50	21110 2 A 1		

,	FOR Item	ns #18a-2	2a Fi		TMENT OF	TE OF MA HEALTH A	ND MENTA	AL HYGIEI	NE.			44.3		
	REGISTRAR	16 8/14/8	0 rc	MEDICA	LEXAMIN	ER'S CE	RTIFICATI	E OF DE		REG. I	_	1	3 7	1 6
	PE OR PRINT)	Mark				Ton	"		OF	ESTI- MATED	XX MON			2b. HOU
3. SE	Х	4 RACE	5 DATE C		6. AGE (IN YE	Jor ARS IF UNDE		DER 24 HRS.		MAIED	MONI	24	19 80 Y YEAR	
N	Male	White	MELL	11. 1960			DAYS HOUR		PRONOUN DEAD	ICED	7	24	19 80	2d HOL
7a. E	PREIGN COUNTRY)	TATE OR	76. CITIZE	N OF WHAT COL		8. MARRIED	□ NEVER M		9. BALTIM		-			
	ITY OR TOWN		II NAME	OF HOSPITAL, N	IIIPSING HOM	WIDOWED		ORCED D	Bal	timo	_		IND OF BU	A
	Baltime	ore	Sout	in such facility, Giv h Baltin	e street address) nore Ger	neral H		FOR	abone	KING LIFE)	THE OF WO	0	OR INDUST	RY
13q.	AL RESIDENCE STATE Lyland	(IF IN NURSING HOME COUN		13c. C1	TY OR TOWN	130	I. INSIDE CITY LIMIT		REET ADDRE	iban	(t.6	Balto		
14. F	ATHER'S NAMI		MIDDLE		LAST	15	MOTHER'S M	AIDEN NAM	E	DDLE			LAST	,
	Roy	D EVER IN	Lee		Jones		Man	y	1	ise		Cha	nnon	7
160 (YES, NO. 99 UNKNO		WAR OR DATES	Unt	očial securit R <i>nown</i>		Mr. Roy	Lee Jo	ones, 1	ADDRES 7		usco.	St.Bo	ilto.
	18 CAUSE C	F DEATH (Enter on ATH WAS CAUSE	ly one couse DBY:			ere l							APPROXIMATI	
	913	2 IMMEDIA	TE CAUSE (E TO, OR AS A CO	hyxia	OF.						+		
		ns, if any, which se to immediate			ambien		en conc	ertrat	tion					
		stating the under-	DUE	TO, OR AS A CO						-				
			(c)										
z	PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING	TO OEATH BUT NOT R	ELATED TO THE TERM	INAL OISEASE OR	CONDITION GIVEN	IN PART 1 (a).			166			TT.
CERTIFICATION	19s. DATE OF	OPERATION	19b.	CONDITION FO	R WHICH OPER	ATION WAS	PERFORMED?					20.	AUTOPSY	?
TIFIC												55.1	YES X	NO 🗆
	UNDERLYING	AL CAUSE WAS		TIME OF INJURY DUR A.M. MONT		21c. HOW	INJURY OCCU	JRRED (ENTER	NATURE OF INJ	URY IN ITEM 1	8 PART I OF	RPART 2)		
MEDICAL		NG CAUSE OF		PLACE OF INJUI	/24/80 RY (ATHOME	Sub je	ect wor	king i	n oxy	gen p	oor	atmo	spher	e in
MEC		NOT WHILE C	S	TREET, FACTORY, FARM	A, ETC.)	STREE	T.		CITY OR TOW	VN		COUNTY	si	LOSTATE
				silo			ana Gra	in Co.	Andı		125/200	Ito.	City,	Md.
	10000	fy that I taak charg		nains described a				ection .	Inquiry		and in my	opinion		
4	death result	ed fram: Notus	ral causes \	Accider	nt Mal, Su	icide 🔲 "	Homicide L		termined mo	nner L	,			
	ACTUAL SIGNATURE.	legen	a L	Wolder,	70	M D	Assist	,	DICAL EYAM	INER	DA	TE SNED.	7-25-	80
	EXAMINER'S	NAME							DIGHT EXPIN	11 421	310		-	
	(TYPE OR PRI	NT) Vii		L. Dola			DRESS		Penn S	tree	t			
	SPECIFY) Bun	ial 2		28, 1980	rest!	aun Me	m. Park	_ Cit	OCATION YOR TOWN	(0.	0	Mary	land"	ATE
24. F	UNERAL DIREC	uneral H	lama 1	ADDRESS (atapscu	Ralto	25 25a. DA	ATE REC'D. B		R 25h. P.	AS MAR	1/1/2	Crisdy	
PIC	Carry 1	weener 1	Olle 19	37.0		in will	u.	UL 28) 1300		/	NO.	1	

Court of the Court TOTAL TOTAL OF THE SECOND STATE OF THE SECOND SECON CANDA WARE

-STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2a DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) RICHARI 1980 3 SEX 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS Male MONTH DAYS HOURS 1924 65 0 7a BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY N.C. USA WIDOWED DIVORCED | BALTIMORE CITY 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12g. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? P MD Baltimore 820 N. Woodington Rd. YES NO 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE 1451 EIRST MIDDLE Richard Jones Pearl Hunt 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes 242-14-6342 Clara Jones 820 N. Woodington Rd APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: mil IMMEDIATE CAUSE Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost 0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a DIVISION OF VITAL RECORDS, CERTIFICATION 0 190 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES F NO F Hygi 710 ACCIDENT WAS UNDERLYING [71h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL à (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 Me 0 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK 22a. | certify that (1) (this hospital) attegded the deceased from 20_, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated saw the deceased alive on above, (1) (we) (did) (did not) view the bady after death DEGREE 221 DATE SIGNED MEDICAL STAFF should be deta DIRECTOR | PHYSICIAN MPORTANT 224. PHYSICIAN'S NAME (OR PRINT) 22e ADDRESS (YOTTLIEB 23a. BURIAL, CREMATION, REMOVAL ?3c NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIFY) Cheltenham MD Burial 7/24/80 Cheltenham VA Cem BP 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 1101 E. North Ave. (VRA 15. 4) Wm. C. March F/ H

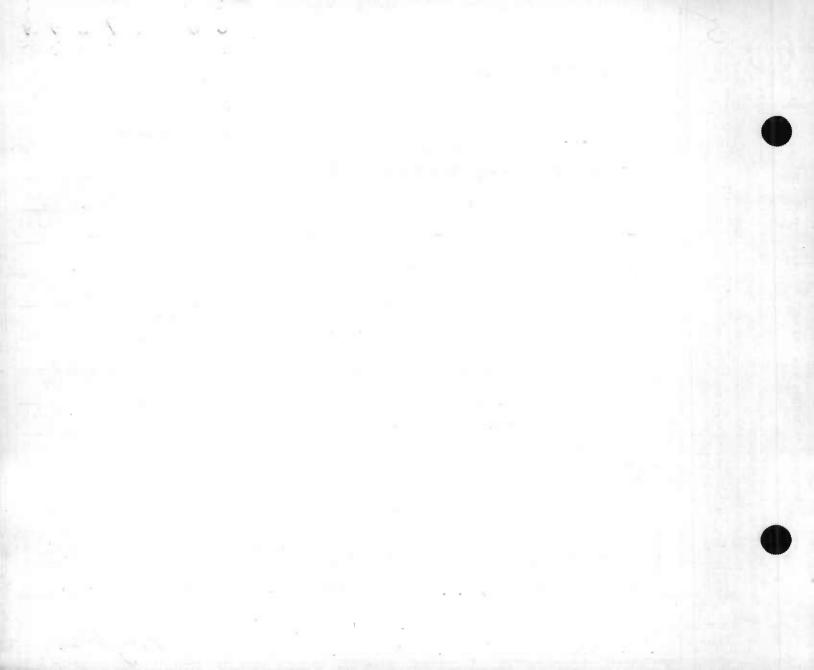
AVE: TO LOUI, BY MERCA The state of the s MINITED TO THE THE PARTY OF THE

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME MIDDLE LAST 24. DATE OF DEATH MONTH (TYPE OR PRINT) ROSSIE JONES 1980 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3 SEX 5 DATE OF BIRTH YEAR HOURS 6 **BALTIMORE CITY OR COUNTY OF DEATH** To. BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED COUNTRY BALTIMORE CITY WIDOWED DIVORCED | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR WORK FOR MOST DE WORKING LEI INDUSTRY "OHNS" HOPK" NS OF CE I USUAL RESIDENCE IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 120 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE WAR DECEASED EVER IN U.S. ARMED FORCES SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF humastendon Canditians, of any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last overwholming PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 119 CERTIFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [YES [210, ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR letu OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21e PLACE OF INJURY ZIF LOCATION 214 INJURY OCCURRED STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an. and that in (my) (aur) apinian death occurred an the date and hour and fram the causes stated abave, (1) (we) (did) (did not) view the bady after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF FUNERAL build be detact th the State MPORTANT DIRECTOR PHYSICIAN Z PHYSICIAN 22d. PHYSICIAN'S NAME TYPE OF PRINT! 224 ADDRESS Johns byokum wilson 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN STATE 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH-16 25M (VRA 15, 4) 1/79

ENTE CONTRACTOR STATE OF THE ST ENE " 2015 E 30 Lad ST Suspended Pended Porce Leave Town \$16-10-0197 Ruth Empres 4307 Fel Rom Proceedings 2/12/25 Comment and Ballon med VILLE OF SELLS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME MIDDLE LAST 2a. DATE OF DEATH MONTH DAY YEAR 26 HOUR (TYPE OR PRINT) 22 80 9:55 AM (Silda SARAH Ida JONES 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3 SEX 5 DATE OF BIRTH MONTH YEAR DAYS HOURS DAY Female 02 78 Negro YRS **BALTIMORE CITY OR COUNTY OF DEATH** 7a. BIRTHPLACE ISTATE OR FOREIGN L CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) USA N.C. BALTIMORE CITY WIDOWEDX DIVORCED [to IN CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h. KIND OF BUSINESS OR 12a USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE UNION MEMORIAL HOSPITAL ģ USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) c 13a STATE 13e STREET ADDRESS 136 COUNTY 13c CITY OR TOWN 134 INSIDE CITY LIMITS? P Baltimore 5009 Alhambra Ave. MD NO [YES K tely 2 sh 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE LAST p ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT medical 168 WAS DECEASED EVER IN U.S. ARMED FORCES? LYES NO OR LINKNOWNS I (IF YES, GIVE WAR OR DATES) 218-34-1590 Mary Carter 5009 Alhambra Ave. No the APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Infarction Sowel IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Huperthermia Conditions, if any, which gove rise to immediate (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse A. S. C. V. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? ă IN CERTIFYING CAUSES OF DEATH? Mental Hygiene be Hodomey NOV YES [71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING T CAUSE OF DEATH Hea MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY Ď (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OF TOWN COUNT STATE WHILE AT WORK NOT WHILE 80 , that (1) (we) lost 19 90 27a | certify that (1) (this haspital) attended the deceased from. 22 19 80 sow the deceased alive on_ , and that in (my) (our apinion death accurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 226. SIGNATURE DEGREE 22c. DATE SIGNED ± ATTENDING MEDICAL 80 PHYSICIAN | DIRECTOR PHYSICIAN 22e ADDRESS 224 PHYSICIAN'S NAME ITYPE OR PRINT ld b should UNION MEMORIAL HOSPITAL DANIEL M. FISHBEIN. M.D. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 236. DATE TO OR TOWN COUNTY STATE (SPECIFY) Pk MD Laurel Burial 28/80 MCIT No. DATE REC'D. BY REGISTRAR 256, RECONTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 1101 E. DHMH-16 20M March F/H North Ave. (VRA 15, 4) 7/7B

DIVISION OF VITAL



	FOR STATE REGISTRAR	DEPARTMENT O	F HEALTH AND MENTAL HYON NER'S CERTIFICATE OF		7600
	CEASED NAME FIRST PE OR PRINT) Char	MIDDLE Les	Jordan	20. DATE KNOWN MONTH	4 19 80 AA
3. SE:		S. DATE OF BIRTH ANNTH GAY YEAR LAST BIRTI	YEARS IF UNDER 1 YR. IF UNDER 24		5 19 80 8:11 A M
7a. B	IRTHPLACE (STATE OR PREGNED UNITED)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore C	NTY OF DEATH
00	Baltimore		lmore Street	USUAL OCCUPATION (TYPE OF WORK	126 KIND OF BUSINESS OR INDUSTRY
130 S	AL RESIDENCE (IF IN NURSING HOME OR ARYLAND) 136 COUNT			STREET ADDRESS	vē.
00 5	ATHER'S NAME PIRST AMUEL	MIDDLE JORd	15. MOTHER'S MAIDEN I	Eth MIDDLE	Newman
1 160.	WAS DECEASED EVER IN U.S. ARM (ES, NO. OR UNKNOWN) (IF YES, GIVE W	2/3-34-3	17. INFORMANT 1851 MARY Bucha	nan 2333 Divis	sion Street
AAL.	9870 IMMEDIATE				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
200	Conditions, if any, which gave rise to immediate cause (a) stating the <u>underlying cause last</u> .	(b)	E OF		
NO	PART 2 OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVEN IN PART 1	(σ).	
CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OP	ERATION WAS PERFORMED?		20. AUTOPSY?
	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216 TIME OF INJURY HOUR AM. MONTH DAY TE	21c. HOW INJURY OCCURRED (enter nature of injury in item 18 part 1 or pecepitated from s	'ART 2)
MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)	216 LOCATION 1385 N.Gilmore	St., Baltimore,	
	22s. I certify that I taak charge	af the remains described above, held an	Suicide . Hamicide .	Inquiry , and in my a	ppinion
7	ACTUAL SIGNATURE DIGM	na Lola	M.D. Assistant	MEDICAL EXAMINER SIGN	7/5/80
23a.B	EXAMINER'S NAME VITE (TYPE OR PRINT) VITE URIAL, CREMATION, REMOVAL 238	inia L. Dolan, M.D		111 Penn St	reet
24. F	BURIAL UNERAL DIRECTOR	7/10/80 M+CA	Alvary Cemetery 250. DATE REC	BALTIMORE MAR	SIGNATURE STATE
" W	Mian C. BROWN Com	of H. 1206-08 Wes	+ North Ave JUL	31 1980 tisky	McCreedy

CONTRACTOR STATEMENT OF THE STATEMENT OF and the state of the control of the The second of th For KING S. Markey C. T. Company Company Kill make I Company William C. Bread Com. Fe Share of worth, epile 1981 St. 1984 A Committee of the

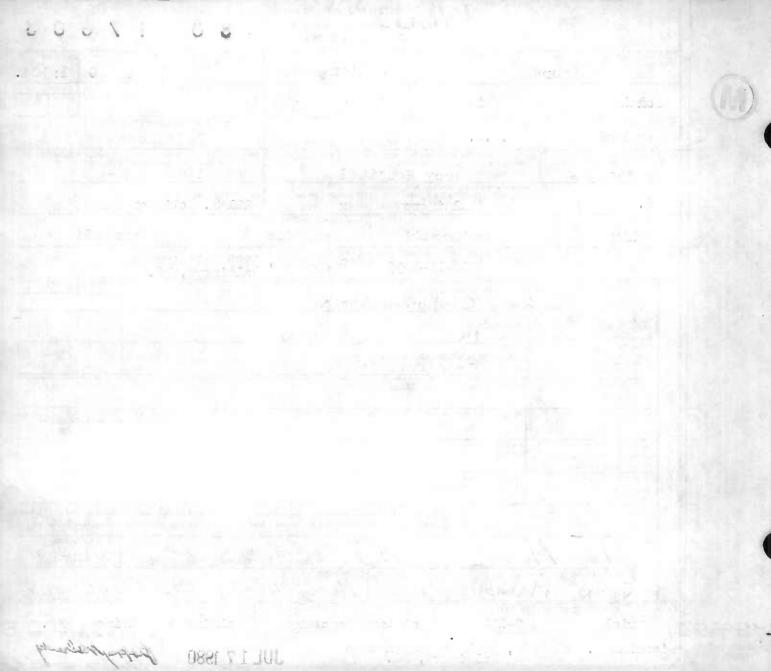
MONTH OAY VEAR TO BIRTHPLACE ISTATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WEVER MARRIED TO THE COUNTY OF DEATH MONTH OAY VEAR YRS. MONTH OAYS MOURS MEN WARRIED NEVER MARRIED TO THE COUNTY OF DEATH		1			STATE OF MARYLAND		
DEET ASED NAME THIS OR PRINT) THE CONTRIBUTION OF BUSINESS OF DEATH THE CONTRIB	200	1.	STATE	DEPAR		0 0	17601
3 SEX RACE SDATE OF BRITH AND THAT SO THE STRIPLAGE STATE RETIONS OF SOUTH STATE ST	T = 1			MIDDLE	10 R DAN		MONTH DAY YEAR 26 HOUR
MARRIED MEDITION OF DEATH MARRIED MODITION MARRIED MODITION MARRIED MODITION MARRIED MODITION MARRIED MODITION	3 SE	EMALE ?	LACK.		A AGE/IN YEAR LAST RET	HDAY) IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MIN	
DUSUAL RESIDENCE (IF NUMS) NO MODE 136 STATE 135 COUNTY 136 COUNTY 136 COUNTY 136 COUNTY 136 STATE	72 ho			CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BAUTO.	C TY
136 STATE 136 COUNTY 136 LITY OR TOWN 136 LINSIDE CITY LIMITS 138 STREET ADDRESS ADDRESS ADDRESS 136 STATE 137 STREET ADDRESS ADDRESS 136 STATE 136 ST	A Care with	104	ALTO, CITY	NAME OF HOSPITAL, NURS	ing home or other institution by address S	UNE WORK OF MOST	
The WAS DECEASED EVER IN U.S. ARMED FORCES? The SOCIAL SECURITY NO. 17 INFORMANT TO A SOCIAL SECURITY NO. 17 INFORMANT THE CAUSE OF DEATH IEnter only one couse per line for 101, (b), and 101 The WAS DECEASED EVER IN U.S. ARMED FORCES? The SOCIAL SECURITY NO. 17 INFORMANT THE CAUSE OF DEATH IEnter only one couse per line for 101, (b), and 101 THE CAUSE OF DEATH IEnter only one couse per line for 101, (b), and 101 THE CAUSE OF DEATH IEnter only one couse per line for 101, (b), and 101 THE CAUSE OF DEATH IEnter only one couse per line for 101, (c) THE CAUSE OF DEATH IEnter only one couse per line for 101, (b), and 101 THE CAUSE OF DEATH IENTER OF THE PROPERTY OF THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (a) THE CAUSE OF DEATH IN U.S. ARMED FORCES? THE CAUSE OF DEATH IN U.S. ARMED FORCES. THE CAUSE	and bu	130	STATEM) . 136 COUNTY		YES NO	1352	PARROLL ST?
The WAS DECEASED EVER IN U. S. ARMED FORCES? The WAS DECEASED EVER IN U. S. ARMED FORCES? The WAS DECEASED EVER IN U. S. ARMED FORCES? The WAS DECEASED EVER IN U. S. ARMED FORCES? The WAS DECEASED EVER IN U. S. ARMED FORCES? The WAS DECEASED EVER IN U. S. ARMED FORCES? The WAS DECEASED EVER IN U. S. ARMED FORCES? The WAS DECEASED EVER IN U. S. ARMED FORCES? The WAS DECEASED EVER IN U. S. ARMED FORCES? The WAS DECEASED EVER IN U. S. ARMED FORCES? The WAS DECEASED EVER IN U. S. ARMED FORCES? The WAS DECEASED EVER IN U. S. ARMED FORCES? The WAS DECEASED EVER IN U. S. ARMED FORCES? The WAS DECEASED EVER IN U. S. ARMED FORCES? The WAS DECEASED EVER IN U. S. ARMED FORCES? The WAS DECEASED EVER IN U. S. ARMED FORCES? The WAS DECEASED EVER IN U. S. ARMED FORCES? The WAS DECEASED EVER IN U. S. ARMED FORCES? THE WAS DECEASED EVER IN U. S. ARMED FORCES? THE WAS DECEASED EVER IN U. S. ARMED FORCES? THE WAS DECEASED EVER IN U. S. ARMED FORCES? THE WAS DECEASED EVER IN U. S. ARMED FORCES? THE WAS DECEASED EVER IN U. S. ARMED FORCES? THE WAS DECEASED EVER IN U. S. ARMED FORCES? THE WAS DECEASED EVER IN U. S. ARMED FORCES? THE WAS DECEASED EVER IN U. S. ARMED FORCES? THE WAS DECEASED EVER IN U. S. ARMED FORCES? THE WAS DECEASED EVER IN U. S. ARMED FORCES? THE WAS DECEASED EVER IN U. S. ARMED FORCES? THE WAS DECEASED EVER IN U. S. ARMED FORCES? THE WAS DECEASED EVER IN U. S. ARMED FORCES? THE WAS DECEASED EVER IN U. S. ARMED FORCES? THE WAS DECEASED EVER IN U. S. ARMED FORCES? THE WAS DECEASED EVER IN U. S. ARMED FORCES. THE WAS DECEASED EVER IN U. S. ARMED FORCES. THE WAS DECEASED EVER IN U. S. ARMED FORCES. THE WAS DECEASED EVER IN U. S. ARMED FORCES. THE WAS DECEASED EVER IN U. S. ARMED FORCES. THE WAS DECEASED EVER IN U. S. ARMED FORCES. THE WAS DECEASED EVER IN U. S. ARMED FORCES. THE WAS DECEASED EVER IN U. S. ARMED FORCES. THE WAS DECEASED EVER IN U. S. ARMED FORCES. THE WAS DECEASED EVER IN U. S. ARMED FORCES. THE WAS DECEASED EVER IN U. S. ARMED FORCES. THE WAS DECEASED EVER	2 she	14 5		" CARYE	R HATTIE	MDDLE	JOEDAN
INMEDIATE CAUSE BY IMMEDIATE CAUSE BY IMMEDI	Pages 1	160 \	VAS DECEASED EVER IN U.S. ARMED	FOR CATES) 146 SOCIAL SEC ROR CATES) 213-11	2-13/3 CHARA	ymond L	relan Sam a
OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19	een signed by the att Then please remove for to burial, crematic any injury, or other	NTION	gove rise to immediate couse (a), stoling the underlying couse lost: PART 2 OTHER SIGNIFICANT CON	DUE TO, ORAS A CONSEO	uence of Cardy DEATH BUT NOT RELATED TO THE TE		
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAK (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	giene p	RTIFIC	u			YES NO	IN CERTIFYING CAUSES OF DEATH? YES : NO :
	burial transi d Mental Hy ed or Item		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 216 INJURY OCCURRED	P.M. 210 PLACE OF INJURY	DAY YEAR 19 211 LOCATION		
27a certify that (I) (this haspital) attended the deceased from	UNERAL DIRECTOR: At d be detached for use as the the State Dept. of Health the State Dept. of Health HATANT: If Item 21 is ma	7	sow the deceosed alive on obove, (I) (we) (did) (did not) vi- 278. SIGNATURE LIMITARY 274. PHYSICIAN'S NAME (TYPE OR PRI	ew the body ofter deoth.	DEGREE ATTENDING PHYSICIAN 228 ADDRESS	MEDICAL STA	FF _ 221. DATE SIGNED
sow the deceosed olive on obove, (1) (we) (did) (did not) view the body ofter deoth. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	should with 1	1	BURIAL, CREMATION, REMOVAL 2	23c. DATE 23c	NAME OF CEMETERY OR CREMATOR	CITY OF TOWN	COUNTY STATE
Sow the deceased alive on obove, (I) (we) (did) (did not) view the body ofter death. Sow the deceased alive on obove, (I) (we) (did) (did not) view the body ofter death. Sow the deceased alive on obove, (I) (we) (did) (did not) view the body ofter death. DEGREE 122c. DATE SIGNED 123c. DATE D:							

10011 08 MANY A SERELAND STATE STERVE TO THE TANKING TH VT13 37.83 IL VALUE CIT THE LUTY SOUTSELLINGS WATERED -MU SACTO: X 1952 CHAPOCL SI TO CHAVEL HETTLE SCIENCE Mad 213-JU-1313 CHAT TO ACTOR AND THE MARKET THE TOTAL OF THE PARTY

Total Control M - S - N - N - 100 - 11 - 100 - 11 - 100 - 11 - 100 - 11 - 100 - 11 - 100 - 11 - 100 - 11 - 100 EXTEND BOOK TO AND THE THE TANK THE CARSTONAL ENLANCE ENLA The state of the s and the state of t The ministration of the mentioned total the second with

	1	M)
AND 21201	thin 24 hours after dumin. Franch	filled in by the funeral compound be filed within 72 hours
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	eath certificate be executed wi	nding physician and completel arbon papers. Pages 1 and 2 sh n, or removal.
AL RECORDS, 201 W. PREST	V: The law requires that the d	ite has been signed by the atterpermit. Then please remove collene prior to burial, cremation
DIVISION OF VITA	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. France of the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of new should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 7° from the State Depart. of Health and Mental Hygene prior to burial, cremation, or removal.
	TO HOSPITAL retained by the	Should be detacl

U	1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 1 7 6 0 3											
m.e	1. DE	REGISTRAR CEASED NAME OR PRINT)	Laura		MIDDLE		asi alian	2s DATE OF C	REG. NO		LIL 80		30am	
(M)	3. SEX Female 78. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland 10 CITY OR TOWN OF DEATH 11.			White White U.S.A.		5 DATE (6 AGE INYEA	IS LAST BIRTH		W UNDER I YE	AR IF UND	ER 24 HRS	
n 72 ha						MARRIE		Baltimore Baltimore					MD.	
in by the fi				JIF NOT IN SUC	NAME OF HOSPITAL, NURSING HOLIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS. Mercy Hos		ital	170 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY HOUSEWIFE					VESS OR	
y filled ould be	13a	Md.	136 COUNT	THER INSTITUTION	Baltimo	WN	YES TO NO	134 STREET A	. Rot	inson	Stre	et		
ex sh	Felix NO WAS DECEASED EVER IN U.S. ARME			St	achorows		Josephine		WIDDLE	.rzyns	czynski			
physician and comple papers. Pages 1 and 2 emoval. tic event, the medical	160	WAS DECEASED EVER YES, HIS OR UNKNOWN)	(IF YES, GIVE W							venue		OXUMATE IN		
physician. Is certificate has been signed by the attending phial-transit permit. Then please remove carbon paintail-transit permit. Then please remove carbon paintail Hygene prior to burial, cremation, or remortem 18 shows any injury, or other traumatic	NO	Conditions, if any gove rise to im couse (o), state underlying cause	imediate ing the e lost	DUE TO, O (b) DUE TO, O (c)	DUE TO, OR AS A CONSEQUENCE OF (b) MYOCANDIAL INFANCTION DUE TO, OR AS A CONSEQUENCE OF FAILURE IDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)									
	CERTIFICATION	190 DATE OF OPERA	12/6	1% CONDITION FOR WHICH OPERATI					ио 🗆	IN CERTIFY YES	N. IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH? YES NO			
	MEDICAL CE	214 ACCIDENT WAS UN OR CONTRIBUTING (# EITHER, NOTIFY MEDIC	CAUSE OF DEATH	P.,	M. MONTH M.	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTERNATI	RE OF INJURY	IN ITEM 18, PA	RT 1 OR PART	2)		
attending After these as the builth and M	WED	AI W	ORK O		REET, FACTORY, OFFICE		211 LOCATION STREET		CITY OR TOWN		COUNTY		STATE	
ospital or all IRECTOR ed for use apt. of Heal		22a I certify that (I) (this hospital) attended the deceased from TUV 10 19 20 to JUV 19 19 30 that (I) (we) lost sow the deceased alive on JUV 19 19 20 and that in (my) (our) apinion death occurred on the date and hour and from the couses stated above. (I) we) (did) (did not) view the body after death. 22b SIGNATURE INDICATE SIGNED												
retained by the h TO FUNERALD should be detache with the State De		Margolis MID ATTENDING MEDICAL STAFF										14/8	Selto	
ВР	(BURIAL CREMATION SPECEFY) Burial	, REMOVAL	236. DATE 7-17-			emetery or chematory on Cemetery		imore		county Ltimo:	re Mo	d.	
DHMH-16 25M (VRA 15, 4) 1/79	Ni	cholas T.	Matthe	ws, 30 Ba	21 Exste 1timore	ern Ave	enue JI	E REC'D. BY REG	980	Sh. REGIST	AR'S SIGN	kalm	dy	



The time to the control of the contr That is the first the second of the last of the second